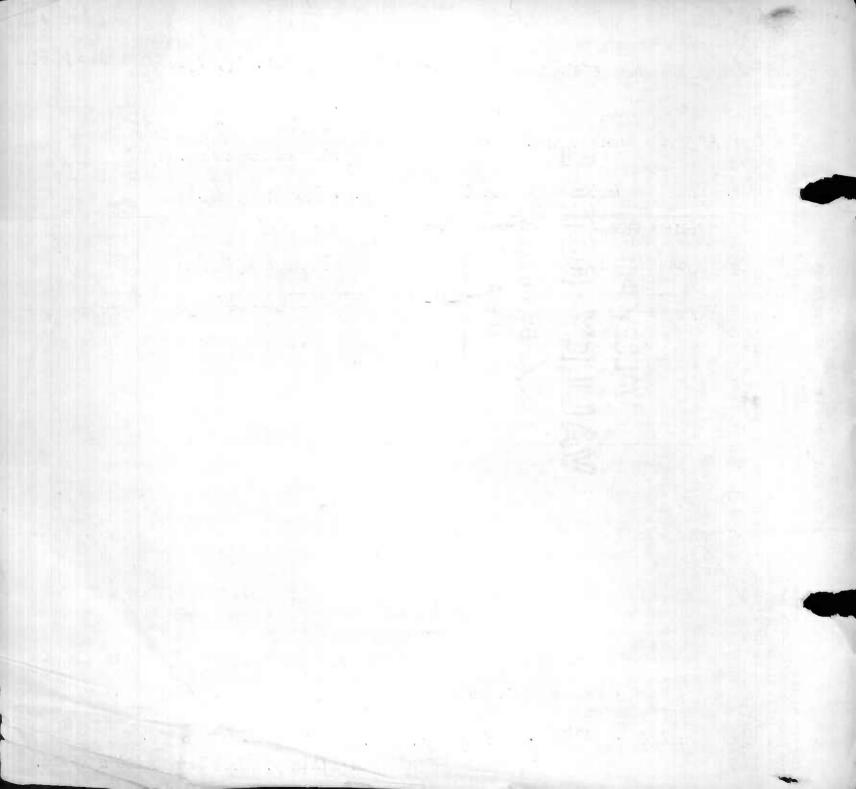
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



M.E. CASE NO.		( FRIIFIC A	TE OF DEATH	Registered No	. 66 12/102
Type or Print)		V. SEIDL	2. DATE	• 30, 1966	н 1 2:115 А
FULL NAME ( HOSPITAL OR INSTITUTION	oddress or location	or institution, give street	A. STATE  Maryland  C. CITY OR TOWN (IF of Baltimore)  D. STREET ADDRESS (	nere deceased lived. If INTY  outside city limits, write #14 If rural, give location	institution: residence before odmissi
S, SEX	6. RACE	7. MARRIED, NEVER MARRIED	5770 Maplehi		
male	white	married (specify)	Dec. 6, 1892	9. AGE (In years lost birthday) 73	If Under 1 Yr. If Under 24 H Months Days Hours Min.
done during most of Inspector	working life, even if retired)  retired	Ges & Electric Co.  of Baltimore	Perry Hall, 1		12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA Bart			14. MOTHERS MAIDEN N Mary Schott		
5. Was Deceased Yes, no or unknown Yes	d Ever in U. S. Armed Form  (If yes, give war or dote  WW 1	s of service)  1 6. SOCIAL SECURITY NO. 212-07-6148	17. INFORMANT Mrs. Simon N	. Seidl57	70 Maplehill Rd.
injury or cor	asthenia, etc. It means mplication which coused	the disease, death.)	Get Myou		nelin-
DISEASES (rise to the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, il de obove couse (A) G CONDITION last.	Stoting the (C)			
DISEASES ( rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR	OR CONDITIONS, II ( per obove couse (A)	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or h	No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OF TO THE DESCRIPTION OF THE DESCRIPTION O	OR CONDITIONS, II ( DE obove couse (A)	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION	or obout 21 C. WHERE DID	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES (1) TISE 10 HE DISEASE OR DISEASE OR 19.A. DATE OF DISEASE OR CONTRIBUTION OF DEATH (notify)	OR CONDITIONS, II the obove couse (A) G CONDITION last.  IFICANT CONDITIONS COME TO THE CONDITION CAUSING TO THE CONDITION CAUSING TO THE CONDITION CAUSING TO THE CONDITION TO	ONTRIBUTING TED TO THE I.  DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
DISEASES (in the control of the cont	OR CONDITIONS, il de obove couse (A) GENDITION last.  IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING I'F OPERATION 19B. CONWAS PERFORM (Month) (Doy) (Year)  That (I) (this haspital last sow the deceose of from the couses stote of the obove the o	ONTRIBUTING TED TO THE  CONTRIBUTING TED TO THE  CONTRIBUTION  CONTRIB	or obout 21°C. WHERE DID ice bidg., INJURY OCCUR?  21F. HOW DID IN  19 ond to the body ofter death  adding Med. Director	IN CERTIFYING C  (If in Boltime  IJURY OCCUR?  19  to chat In(my) (our) op	AUSES OF DEATH?  DIE City, give exect locotion)  19  23B. DATE SIGNED
DISEASES (inse to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF DISEASE OR CONTRIBING DEATH (notify (APPROX.)  22. I certify that (II) (we) and hour on 23A. SIGNATU	OR CONDITIONS, il de obove couse (A) Ge obove couse (A) Ge condition last.  IIIICANT CONDITIONS CONDITIONS CONDITION CAUSING I'F OPERATION 198. CON WAS PERFORMED CONDITION CAUSING I'F OPERATION 198. CON WAS PERFORMED CONDITION (Peor) (Month) (Doy) (Year)  I that (I) (this haspitoly lost sow the deceose of from the couses stote that the couse stote that the couses stote the cou	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While At Work  of attended the deceased from dolive an ed obove. (I) (We) (did) (did not) v  H. Beck  M.D. Atterney  A.D. Atterney  A.D. Atterney  M.D. Atterney  M.D. Atterney  M.D. CREETERY or CRE	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?  21F. HOW DID IN  19 ond to the body ofter death ording Med. Director 33D. ADDRESS  6012 Harfol	IN CERTIFYING C  (If in Boltime  IJURY OCCUR?  In to contract the cont	AUSES OF DEATH?  DIE City, give exect locofien)  19  23B. DATE SIGNED

And the second s

the state of the s

E and at a terms of the

m. Corge . Beck

At the year and the search of the search of

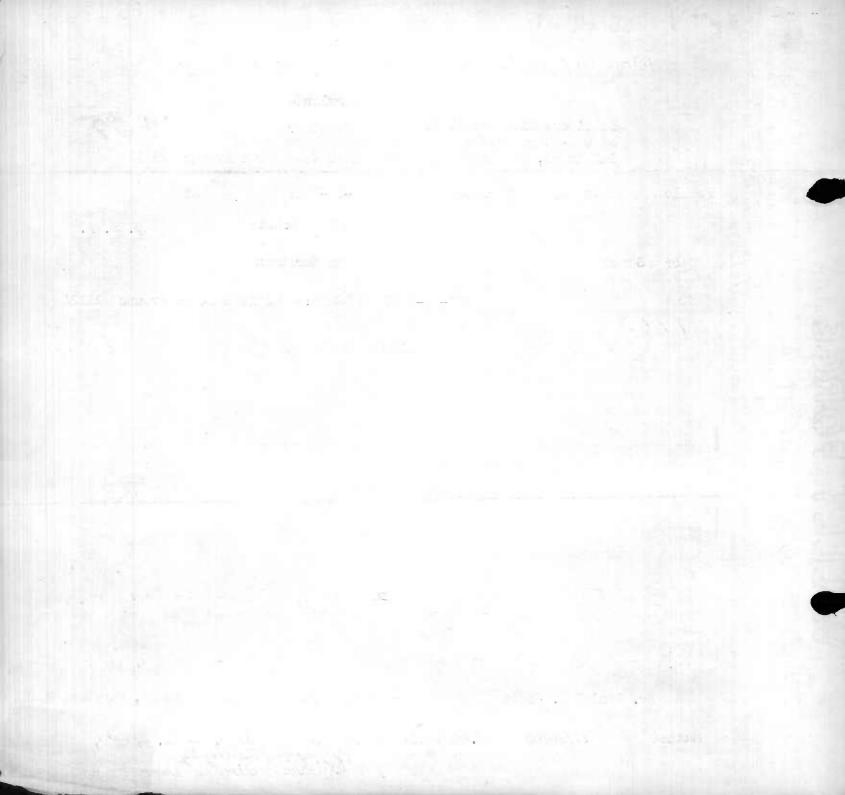
Manual Ingent

por fileholout cref--from a result and a re---

AND DESCRIPTION AND THE REST, LOSS, LOSS,

course a formation of the course

VS 150-REV. 1/1/65



66 12004

BALTIMORE CITY HEALTH DEPARTMENT

66 12004

BIRTH NO.	MEDI	CALEXA	WILLER 2 C	EKIIFIC	ATE OF L	EAIL Kedizi	ered No.	
M.E. CASE NO.				***				
1. NAME OF DECEASED						HOUR PRONOUNG		
(Type or Film)	SHELIA		DARDEN			ber 30, 19		2:00 A M.
HOSPITAL OR AL	NOT IN HOSPITA	AL OF INSTITUTE			Maryland	deceased lived. If ins B. CO		d give township)
Luther	an Hospit	al	12-7-00	D. STREET A	Baltimore	give lacotion)	6	06
1.00			A A A B DIED	B. DATE OF		nd son Aven		1 Yr. If Under 24 Hrs.
Female 6. RAC	Negro	7. MARRIED, NE WIDOWED, DIV	ORCED (specify)	Decemb	er 25,195	7. AGE (In years lost birthday)	Month's I	Doys Hours Min.
10A. USUAL OCCUPATIO dane during most of working	N (Give kind of work	TOB KIND OF B	USINESS OR INDUSTR	RY 11. BIRTHPLA	CE (State or foreign	Md i	12. CITIZE	COUNTRY'S
13. FATHER'S NAME				14. MOTHER	S MAIDEN NAME	1,10	2 /	
(1/200	an No	7. 10.		F1,	2 ALpt	b A	0012	1.Con
15. WAS DECEASED EVE (Yes, no or unknown) (If yes			SECURITY NO.	17. INFORMA	Seth 7	arden	ADDRESS	one mate
1B.	- //		CAUS	E OF DEATH	2674	· or cens		INTERVAL BETWEEN
J- 5/00	1 / I		GAO.	2 01 00111				ONSET AND DEATH
	CONDITION DI		Crani	ocerebr	al Injury.			
(This does not me heart foilure, asthe injury or complicati	ean the made of	dying, e.g., the disease.	DUE TO	OCCICOL	ar mijary.			
ANTEC	EDENT . CALLE							
DISEASES OR CO		ANY, GIVING	DUE TO		********************************	0 HH 0 0 0 HH 1 HH 0 0 0 0 0 0 0 0 0 0 0		
UNDERLYING CO	ONDITION LAST.		(C)					
<u> </u>								
O THE DEAT	NT CONDITIONS H BUT NOT RE	LATED TO THE						**************************************
19A. DATE OF OPER	ATION 198. CON	NDITION FOR WE	HICH OPERATION		Yes	208, IF YES, WERE IN CERTIFYING CA	USES OF DE	Yes
21A EXTERNAL CAL UNDERLYING OF C UTING CAUSE OF	CONTRIB-	21 B. Pl. hame, etc.)	ACE OF INJURY (e.g. farm, factory, street, Street	affice bidg., ir	Braddish &	Rayner Av		16-06
21 D TIME (Mor	nth) (Day) (Yeo	or) (Hour) 21E	. INJURY OCCURRED		F. HOW DID INJU	JRY OCCUR?		
(APPROX.) 11	29 '6	6 P WH	ILE AT NOT	WHILE A	Pedestriar	struck by	auto.	
22. I certify th	not I held on I			utopsy X	ond that on th	is bosis, deoth in	my opinior	n
resulted for	ram: Natural ca	uses Ac	cident Suici			Undetermined mar	iner	
7-		,	//=		F MEDICAL EX			DATE SIGNED
ACTUAL	10/	alle )	Tacky M.	n ASSISTAN	T MEDICAL EX	AMINER X		
SIGNATURE EXAMINER'S NAME (Type)	('han	es S. Pet	0		TE MEDICAL E			11/30/66
23A. BURIAL CREMATIC REMOVAL (Specify)			NAME OF DEMETERY	or CREMATO	RY 23 D. L	OCATION IC	ity, town, or	county) (State)
Burlas	19-5	) CO N	erale	arej	D	allo V	W. Salva	
24A. DATE REC'D BY H	C 1 196	6 Robert	F REGISTRAR	131	MULLI DIRECTOR	ught	non	alson a
VS 151-REV. 1/1/65	A De CT		5 5 6	7 7	) () 4 /	¥		

66 12005

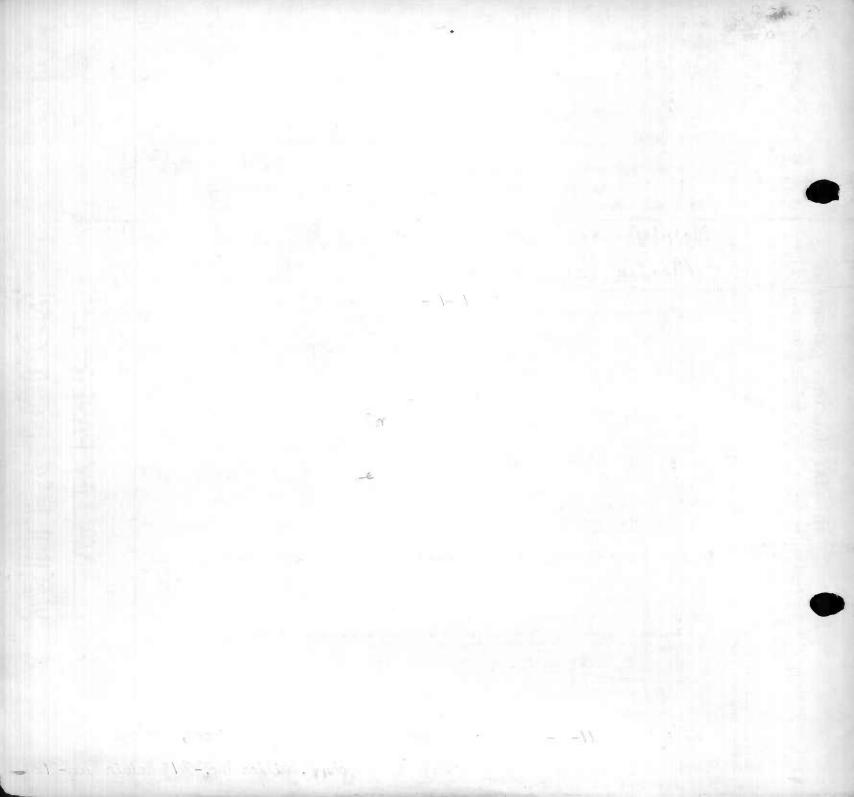
BALTIMORE CITY HEALTH DEPARTMERT7-16-0785

NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	ICAL LA	WIII ALK 5 C	LKIIICA	IL OI DEATH MIGHT	
1. NAME OF DECEASED				2. DATE AND HOUR PRONOUNCE	ED DEAD
(Type or Print) MAR	GARET	ALSUP		November 27, 196	66   2:00 P.M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	A. STATE	ENCE (Where deceased lived. II instant	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC.	AL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOV	VN (If outside corporate limits, write	e RURAL and give tawnship)
South Baltimore H	ospital	(DOA	D. STREET ADD	Attimore RESS (II rural, give locoman)	3-52
5. SEX 6. RACE	7. MARRIED, NE		B. DATE OF BIRT	16 Ascension Stree 9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.
Female Negro	1	W		396 71	12. GITIZEN OF
Domestic life, even if retired)	NICE NICE OF BE	DANCESS OR INCOST	Nev	York	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME	
Unknown			Emma Bu	irts	
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give wor or date		SECURITY NO.	17. INFORMANT		ADDRESS
			Audrey	Howard 2994 Der	nham Cirle
18, 4 2 0		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	IRECTLY				יוואס פראווי
LEADING TO DEATI		(A) Arter	ioscleroti	c heart disease	***************************************
(This does not mean the mode of heart loilure, asthenia, etc. It mean injury or complication which coused	s the disease, death.l	501.10			
ANTECEDENT CAUSE	: c				
DISEASES OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO		***************************************	***************************************
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.					Tree tree tree
NO.		(C1		***************************************	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	LATED TO THE				
DISEASE OR CONDITION CAUSING		ICH OPERATION	20A AUTOPSY	? (Yes ar Na) 20B. IF YES, WERE FI	NDINGS CONSIDERED
	RFORMED	ich ofekanon	No	IN CERTIFYING CAU	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. PLA home, f etc.l	CE OF INJURY (e.g., orm, loctory, street,	in or obout 21C. V	/HERE DID (If in Baltimore City, gi	ive exact lacation)
21D TIME (Manth) (Doy) (Year (APPROX.)		LE AT NOT	WHILE VORK	OW DID INJURY OCCUR?	H. Co. H. H.
22. I certify that I held an		[37]		I that an this basis, death In r	my apinlon
resulted fram: Natural co	uses X Acc	ident Suici	de Hamici	de Undetermined mann	er _
ACTUAL CL	1 5	ent M.	A CC   C T   A L T   A L	EDICAL EXAMINER	DATE SIGNED
EXAMINER'S Charles NAME (Type)	S. Sprin	gate, M.D.			November 28, 1966
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specily)		AME of CEMETERY	or CREMATORY	23D. LOCATION (City	tawn, ar county) (State)
Burn 1 19-I-	00	Calvary		A.A.	-U
24A. DATE NEC D BY HEALTH DEPT.	24B NAME OF	REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
nec + toes	00 5	2. Forland	272	Sioner In/08	W montgine de
VS 151-REV. 1/1/65	11 ( 12 ( )	City Show Street	AC-0.	0 1 0 2	

. 7 7 The first of the state of the state of ANGLES TO THE STATE OF THE STAT

66 12006	BALTIMORE CITY	HEALTH DEPARTMENT	66 10000
BIRTH NO.	CERTIFICA	TE OF DEATH Registered	No. 66 12006
M.E. CASE NO.  1. NAME OF DECEASED  (Type of Pant)  (Type of Pant)	MR MARTIN	2. DATE AND HOUR OF DE	
PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where deceased lived	12.40 P.M
FULL NAME OF (If not in hospital or institu	tion, give street	A. STATE B. COUNTY	. II institution, residence before camission
HOSPITAL OR oddress or location)			write RURAL and give township)
CHURCH HOME & H	INT.010	BALTIMORE	6-0.7
CHOICE HOME &	10261 141 T	D. STREET ADDRESS (If rurol, give locotio	
		22 Northport S	
	SINGL	9. AGE (In years last birthday)  9. 11. 193	Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	wh Cork Seal	MD.	AMER.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Martin Crist Kr.	1stofiak)	ELIZIBBETH M	URPHY
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or dates of serv	ice) SECURITY NO.	17. INFORMANT	ADDRESS
	213-10-6267	DR. M. SATEEM	CHURCH HOME & HOST
18. / 5 / X I	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Co	warma 9 The Over	10- 7 2 5th
(This does not mean the mode of dying,	e.g., DUE TO	vainama of The rue sigmoid	1 Indians
heart foilure, osthenia, etc. It meons the dis- injury ar camplication which caused death.)	ease,	sigmord	apraximately
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony, g	DUE TO	- 1	
rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (c)	ielaslases to The lua	<b>~</b>
- 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE ASTAGAS	a malnutrition	1.0
198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	or about 21 C. WHERE DID. (If in Rel	Itimare City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	minure City, give exact facastan/
OF IN HIPY (Month) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
W OF INJURY (APPROX.)	While At Not Whil		
	Work At Work	1066	1. 26
22. 1 certify that (I) (this hospital) ottend			11. 26. 1966
that (I) (we) last sow the deceased alive			) apinion death accurred an the date
and hour ond fram the causes stated above	re. (1) (We) (did) (did nat) v	iew the body ofter death.	
23A. SIGNATURE			23 B. DATE SIGNED
A Calen	M.D. Atte	s. Director Phys.	11.26.1966
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
24A PHRIAL CREATION OF SAFE	M.D.		
REMOVAL (Specify)	C. NAME of CEMETERY of CRI		(City, town, or county) (Stote)
Burial 11-30-66	Holy Redeemer	0 .	, l'arylana
DEC 1 1986 DEC 1	ME OF REGISTRAR	John C. Miller Inc6	ADDRESS 415 Belair Road-21206
VS 150-REV. 1/1/65	THE PROPERTY OF THE PARTY OF TH	The state of the s	,

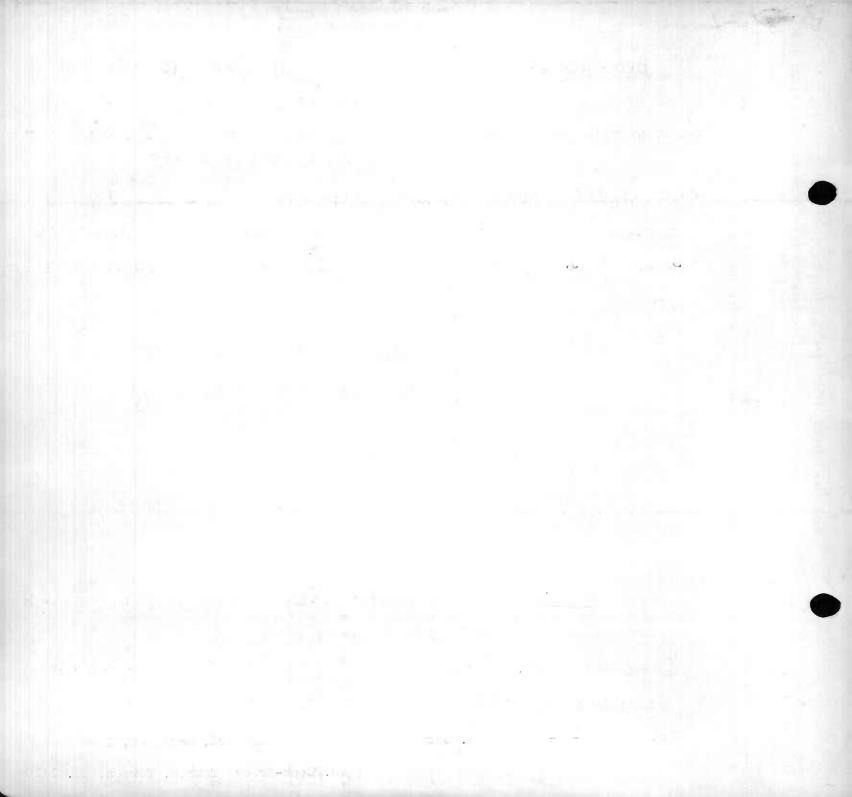


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

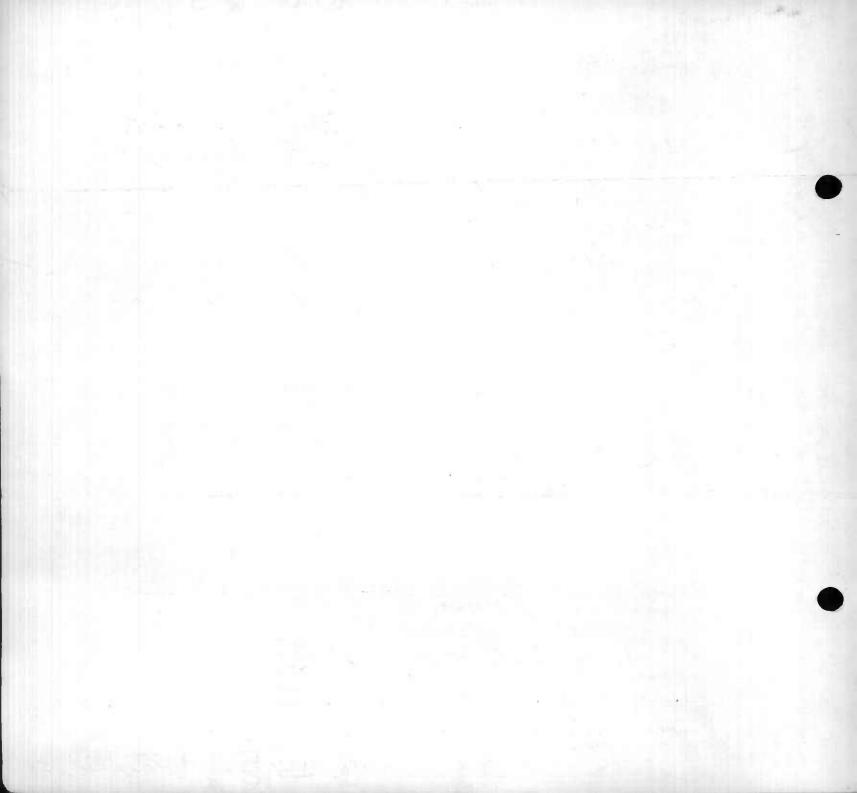
BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS Dinyay

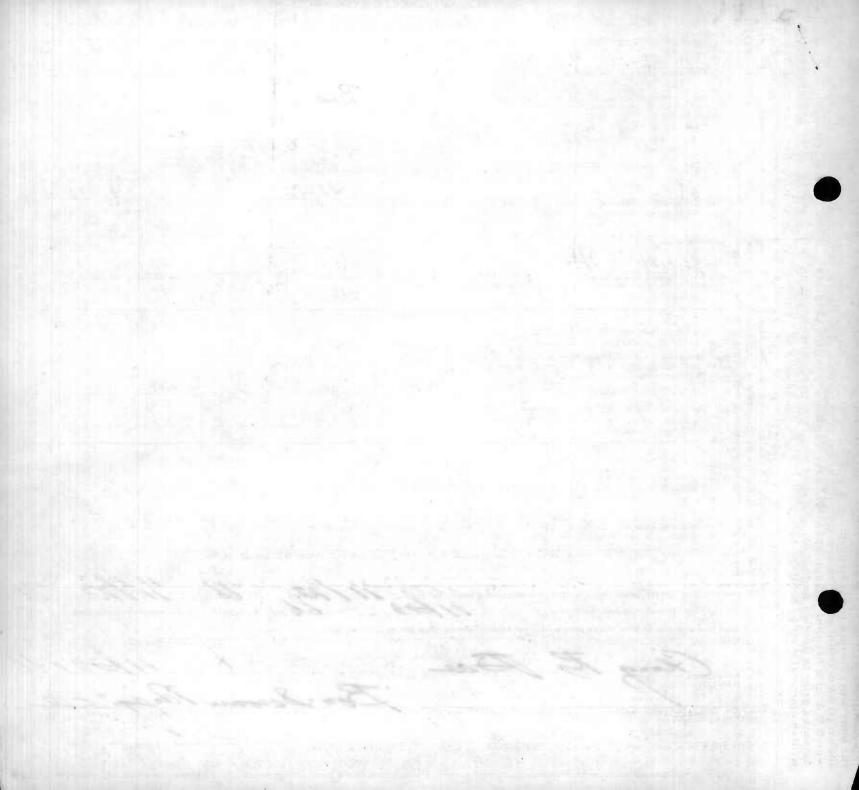
INTERVAL BETWEEN ONSET AND DEATH

Contrapage ( Brest ... Continue Comment Comment Dann memoral How is

00 10000	BALTIMORE CITY	HEALTH DEPARTMENT		66 10000
BIRTH NO. 66 12009	CERTIFICA	TE OF DEATH	Registered No	66 12009
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEAT	<u> </u>
(Type or Print)	JAMM	11	10011	6
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0.,.,,	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admiss
		A. STATE B. CONN	ITY	
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	n, give street	// ( .		V
INSTITUTION		C. CITY OR TOWN INTO		e RORAL and give township)
and the	1.		rusol, give location)	5-01
33x HERRING	C.		VECLIA	0,.
5. SEX   6. RACE   7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		
6. RACE 7. MARRIE WIDOW	ED, NEVER MARRIED VED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
m a	2	9- 75	7/	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND lone during most of working life, even if retired)			ign country)	12. CITIZEN OF WHAT COUNTRY?
Cooper Vale	rees/ Co.	Mic	1.	
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
LERIS	K/.	7 -	6066	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ACK G	ADDRESS
Yes, no or unknown) (If yes, give war ar dates of service	SECURITY NO.		mola-	//
40		141	so-ch-	JAME
1B	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				OHSET AND DEATH
LEADING TO DEATH		ronary Thrombon	is	several hours
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease				
injury or complication which coused death.)				
injury of complication which coused deam.)	Anta	nio solomotich	eart dices	7
ANTECEDENT CAUSES	(B) Arter	rio selerotie h	eart disea	ase 3 years
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	DUE TO			ase 3 years
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving its lotte obove couse (A) stoting II	DUE TO	rio selerotie h		lse 3 years
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving its to the obove couse (A) stoting If UNDERLYING CONDITION lost.	DUE TO			ase 3 years
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving its lotter obove couse (A) stoting If UNDERLYING CONDITION lost.	DUE TO			ase 3 years
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving its selection of the obove couse (A) stoting If underlying Condition lost.	DUE TO  ng he (C)			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving its to the obove couse (A) stoting If underlying condition lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	DUE TO	Mellitus	i) 20B. IF YES, WER	4 years
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving its to the obove couse (A) stoting If underlying condition lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ng he (C)		i) 20B. IF YES, WER	4 years
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving itself to the obove couse (A) stoting If underlying Condition lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 2	DUE TO  (C)  ING THE Diabetes 1  R WHICH OPERATION  21B, PLACE OF INJURY (e.g., i	Mellitus    20A. AUTOPSY? (Yes or No	20B. IF YES, WER	4 years
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving itself to the obove couse (A) stoting If underlying Condition lost.  NOTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 20 CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ING THE Diabetes 1	Mellitus    20A. AUTOPSY? (Yes or No	20B. IF YES, WER	4 years E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving itself to the obove couse (A) stoting If underlying Condition lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	DUE TO  ING THE Diabetes 1  R WHICH OPERATION  21B. PLACE OF INJURY (e.g., income, form, foctory, street, ones, on	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	D) 20B. IF YES, WER IN CERTIFYING C	4 years E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving itself to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION PROPERTY OF CAUSE OF DEATH (notify medical examiner)  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Hour) 2	DUE TO  ING THE Diabetes 1  R WHICH OPERATION  PLACE OF INJURY (e.g., income, form, foctory, street, one).	20A. AUTOPSY? (Yes or No n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	D) 20B. IF YES, WER IN CERTIFYING C	4 years E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving itself to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2  OF INJURY (APPROX.)	DUE TO  ING THE Diabetes 1  R WHICH OPERATION  21B. PLACE OF INJURY (e.g., income, form, foctory, street, onto)  ITE. INJURY OCCURRED  While At Not While At Work	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving itself to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2  OF INJURY (APPROX.)	DUE TO  ING THE Diabetes 1  R WHICH OPERATION  21B. PLACE OF INJURY (e.g., income, form, foctory, street, onto)  ITE. INJURY OCCURRED  While At Not While At Work	Mellitus  20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the property of the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 20 (A DEATH (A DEATH CAUSE OF DEATH (NOTIFY MONTH))	ING THE DIABETES I R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., i nome, form, foctory, street, o street,	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WER IN CERTIFYING CO	4 years E FINDINGS CONSIDERED AUSES OF DEATH? ORE City, give exact locotion)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving its to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  199A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Hour) 2  21 D. TIME (Month) (Doy) (Year) (Hour) 2  22. 1 certify that (1) (this haspitol) ottended that (1) (we) last sow the deceosed alive of	DUE TO  ING THE Diabetes 1  R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., income, form, foctory, street, onto,)  TE. INJURY OCCURRED  While At Not White At Work  I the deceosed from 9-1  NOVEMBER 4th	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID fine bidg., INJURY OCCUR?  21F. HOW DID INJ	20B. IF YES, WER IN CERTIFYING CO	4 years E FINDINGS CONSIDERED AUSES OF DEATH? ORE City, give exact locotion)
DISEASES OR CONDITIONS, if ony, giving itse to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2  22. 1 certify that (1) (this haspitol) ottended that (1) (we) last sow the deceosed alive of ond haur and fram the couses stated abave.	DUE TO  ING THE Diabetes 1  R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., income, form, foctory, street, onto,)  TE. INJURY OCCURRED  While At Not White At Work  I the deceosed from 9-1  NOVEMBER 4th	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJ	20B. IF YES, WER IN CERTIFYING CO	E FINDINGS CONSIDERED AUSES OF DEATH?  OR City, give exact location)  -28-66  19  pinian death occurred on the
DISEASES OR CONDITIONS, if ony, giving itse to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2  21 certify that (I) (this haspital) ottended that (I) (we) last sow the deceased alive of	DUE TO  ING THE Diabetes 1  R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., income, form, foctory, street, onto, on	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID find bldg., INJURY OCCUR?  21F. HOW DID INJ	OP 20B. IF YES, WER IN CERTIFYING COUR?  (If in Boltim  URY OCCUR?	4 years E FINDINGS CONSIDERED AUSES OF DEATH? ORE City, give exact locotion)
DISEASES OR CONDITIONS, if ony, giving itse to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2	DUE TO  ING THE Diabetes I  R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., i nome, form, foctory, street, o ntc.)  TE INJURY OCCURRED  While At Not While At Work  I the deceosed from 9- November 4th  (I) (We) (did) (did not) while in the deceosed from the deceosed	Mellitus    20A. AUTOPSY? (Yes or No.     n or obout 21C. WHERE DID     ffice bldg., INJURY OCCUR?     21F. HOW DID INJ     e	20B. IF YES, WER IN CERTIFYING CO	E FINDINGS CONSIDERED AUSES OF DEATH?  OR City, give exact location)  -28-66  19  pinian death occurred on the
DISEASES OR CONDITIONS, if ony, giving itse to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2  22. 1 certify that (1) (this haspitol) ottended that (1) (we) last sow the deceosed alive of ond haur and fram the couses stated abave.	DUE TO  ING THE Diabetes I  R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., i nome, form, foctory, street, o ntc.)  TE INJURY OCCURRED  While At Not While At Work  I the deceosed from 9- November 4th  (I) (We) (did) (did not) while in the deceosed from the deceosed	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID find bldg., INJURY OCCUR?  21F. HOW DID INJ	20B. IF YES, WER IN CERTIFYING COUR?  (If in Boltim  URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  OR City, give exact lacotion)  -28-66  19  pinian death occurred on the
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 19.B. CONDITION FOR WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Doy) (Year) (Hour) 2  21.D. TIME (Month) (Doy) (Year) (Hour) 2  21.D. TIME (Month) (Doy) (Year) (Hour) 2  22. I certify that (I) (this haspitol) ottended that (I) (we) last sow the deceosed alive of ond haur and fram the couses stated abave.  23.A. SIGNATURE	DUE TO  ING THE Diabetes I  R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., i nome, form, foctory, street, o ntc.)  TE INJURY OCCURRED  While At Not While At Work  I the deceosed from 9- November 4th  (I) (We) (did) (did not) while in the deceosed from the deceosed	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJury occurs and the riew the bady ofter death.  23D. ADDRESS	URY OCCUR?  19to	E FINDINGS CONSIDERED AUSES OF DEATH?  ORE City, give exact locotion  -28-66  19  pinian deoth occurred on the
DISEASES OR CONDITIONS, if ony, giving itse to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  22. 1 certify that (I) (this haspital) ottended that (I) (we) last sow the deceosed alive of ond haur and fram the couses stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Harry Deibel M. D  24A. BURIAL CREMATION, 124B, DATE	DUE TO  ING THE Diabetes I  R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., i nome, form, foctory, street, o ntc.)  TE INJURY OCCURRED  While At Not While At Work  I the deceosed from 9- November 4th  (I) (We) (did) (did not) while in the deceosed from the deceosed	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ e 11-63 1966 and the riew the bady ofter death.  23D. ADDRESS  1226 S. Kanove	URY OCCUR?  Stoff Phys.	4 years E FINDINGS CONSIDERED AUSES OF DEATH? ORE City, give exact location  -28-66 19 pinion deoth occurred on the  238. DATE SIGNED
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2  23C. PHYSICIAN'S NAME (Type)  Dr. Harry Deibel M. D	DUE TO  ING THE Diabetes I  R WHICH OPERATION  PIB. PLACE OF INJURY (e.g., interpretation of the color).  TE. INJURY OCCURRED  While At Not White At Work  I the deceosed from 9-1  NOVEMBER 4th  (I) (We) (did) (did not) white At Work  M.D. Att.  Phy	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ e 11-63 1966 and the riew the bady ofter death.  23D. ADDRESS  1226 S. Kanove	URY OCCUR?  Stoff Phys.	4 years E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locotion)  -28-66  19 pinian deoth occurred on the  238. DATE SIGNED
DISEASES OR CONDITIONS, if ony, giving the lotter of the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  22. 1 certify that (I) (this haspitol) ottended that (I) (we) last sow the deceosed alive of ond haur and fram the couses stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Harry Deibel 1 D  24A. BURIAL CREMATION, 24B. DATE 24C.	DUE TO  ING THE Diabetes 1  R WHICH OPERATION  21B. PLACE OF INJURY (e.g., interpretation of the control of the	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ e 21F. HOW DID INJ e 21F. How DID INJ e 22B. ADDRESS  1226 S. Hanoves EMATORY 24D, L	OF STREET BOOKERS	E FINDINGS CONSIDERED AUSES OF DEATH?  ORE City, give exact location)  -28-66  19  pinian deoth occurred on the  238. DATE SIGNED  City, town, or county)  (State of the county)  (State of the county)
DISEASES OR CONDITIONS, if ony, giving itself to the obove couse (A) stoting II UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  22. 1 certify that (I) (this haspitol) ottended that (I) (we) last sow the deceosed alive of ond haur and fram the couses stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Harry Deiber D. D  24A. BURIAL CREMATION, 24B, DATE 24C.	DUE TO  ING THE Diabetes 1  R WHICH OPERATION  21B. PLACE OF INJURY (e.g., interpretation of the control of the	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ e 11-63 1966 and the riew the bady ofter death.  23D. ADDRESS  1226 S. Kanove	OF STREET BOOKERS	4 years E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacotion)  -28-66  19 pinian deoth occurred on the  238. DATE SIGNED



	FULL NAME OF HOSPITAL OR INSTITUTION	address or location	or institution, on)		Ben Mo	d	institution: residence before a e RURAL and give township)
	4 BON	1 SECOU	Rs x	HOSPITAL	D. STREET ADDRESS 36516	(If rural, give location)	6-08 e
	L USUAL OCCUP		WIDOWE	D, NEVER MARRIED D, DIVORCED (specify) F BUSINESS OR INDUSTR	B. DATE OF BIRTH  //-Z2-66 Y 11. BIRTHPLACE (Stote o	9. AGE (In years lost birthday) r foreign country)	If Under 1 Yr. If Under Months Doys Hours
	FATHER'S NAM	orking life, even if retired)			14. MOTHER'S MAIDEN	NAME	WHAI COUNKY?
15. (Ye	Herbert Was Deceased E s, no ar unknown)	Ever in U. S. Armed Fo	orces? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT  Soan Re	3651 G	gels for Drive
	(This does na heart failure, a injury ar camp	OR CONDITION D EADING TO DEATH It mean the made a Isthenia, etc. It meon lication which cause NTECEDENT CAUSE	f dying, e.g. s the diseose d death.)		anexia	uprani Loc	ONSET AND DE
	rise to the	R CONDITIONS, if abave cause (A) CONDITION last.			Trematurity	nily gas 4 x 4 4 4 4 4 x 2 g m n 2 g m n 2 x 2 4 5 g m n 1 4 4 4 5 g m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	
Z O	OTHER SIGNIFI	II					
A	OTHER SIGNIFI TO THE DE. DISEASE OR C	ICANT CONDITIONS ATH BUT NOT REL CONDITION CAUSING OPERATION 198 CO	ATED TO TI		20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFICATI	OTHER SIGNIFI TO THE DE, DISEASE OR C. 19A. DATE OF C. 21A. ACCIDENT OR CONTRIBUT DEATH (notify r	CANT CONDITIONS ATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PE T WAS UNDERLYING ING CAUSE OF medical examiner)	ATED TO TILT.  NOTION FOR REFORMED  21 hoteletc	WHICH OPERATION  8. PLACE OF INJURY (e.g., me, form, foctory, street,)	in or obout 21C. WHERE D	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATI	OTHER SIGNIFI TO THE DE, DISEASE OR CO 19A. DATE OF CO 21A. ACCIDENT OR CONTRIBUT DEATH (notify r	ICANT CONDITIONS ATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PE T WAS UNDERLYING TING CAUSE OF	ATED TO TI IT.  NOTION FOR REORMED  21 have etc  (Hour) 21 W	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,	in or obout 21C. WHERE Doffice bidg., INJURY OCCL	IN CERTIFYING C	CAUSES OF DEATH?
EDICAL CERTIFICATI	OTHER SIGNIFI TO THE DE. DISEASE OR CO 19A. DATE OF CO 21A. ACCIDENT OR CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.)  22. I certify t that (I) (we) I and hour and	ICANT CONDITIONS ATH BUT NOT RE CONDITION CAUSING OPERATION 19 B. CO WAS PE  T WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor hat (1) (this haspite last saw the decease from the causes ste	ATED TO TI IT. NOITION FOR RFORMED  21 har etc W W W  abi) attended sed alive an.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, farm, foctory, street,)  E. INJURY OCCURRED hile At Not Will At Wark  the deceased from	in or obout 21C. WHERE Doffice bldg., INJURY OCCU	IN CERTIFYING COINT OCCUR?	causes OF DEATH?  fore City, give exect location)  19  plnlan death accurred an
EDICAL CERTIFICATI	OTHER SIGNIFI TO THE DE. DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify of INJURY (APPROX.)  22. I certify to that (I) (we) I	TWAS UNDERLYING CAUSE OF medical examiner)  (Month) (Doy) (Year that (1) (this haspital ast saw the decease from the causes state of the cause of th	ATED TO TI IT. NOITION FOR RFORMED  21 har etc W W W  abi) attended sed alive an.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED hile At Not Without At Worth At Wor	in or obout 21C. WHERE Doffice bldgs, INJURY OCCU	IN CERTIFYING COINT OCCUR?	causes OF DEATH?
MEDICAL CERTIFICATI	OTHER SIGNIFI TO THE DE, DISEASE OR C 19A. DATE OF ( 21A. ACCIDENT OR CONTRIBUT DEATH (notify of 10 Time OF INJURY (APPROX.)  22. I certify t that (I) (we) I and haur and 23A. SIGNATUR	TWAS UNDERLYING (Month) (Doy) (Year that (1) (this haspite last saw the decease from the causes state)	ATED TO TIT.  IT.  NDITION FOR REPORMED  21 have etc.  (Hour) 21 WW.  WW.  WW.  21 attended ded alive an arted abave.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED hile At Not Without At Worth At Wor	in or obout 21C. WHERE Doffice bldg., INJURY OCCU	IN CERTIFYING COUR?  O INJURY OCCUR?  19 to	causes OF DEATH?



VS 150-REV. 1/1/65

ype or Print)	Chesno, Vince	nt John	, Sr.		-27-66	12:02 P.M
PLACE OF D	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If	institution: residence before admission)
FULL NAME HOSPITAL OR INSTITUTION	address or lacotion	1)			outside city limits, writ	te RURAL and give township)
40	St. Agnes Baltimore	_			(If rural, give lacation)	ie
sex Male	6. RACE White	WIDOWE	NEVER MARRIED D, DIVORCED (specify) Tried	8. DATE OF BIRTH 6-30-1914	9. AGE (In years last birthday) 52	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	CUPATION (Give kind of work f working life, even if retired) rant	10B. KIND OF		Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHERS NA Willi	am Chesno			14. MOTHERS MAIDEN N Katherin	ne Zolenas	
	d Ever in U. S. Armed Form (If yes, give war or date		16. SOCIAL SECURITY NO. 213-01-1974	17. INFORMANT	N Chasses	ADDRESS 2100 Frederick Ave
1B. 44	0.71		CAUSE O		in. onesho,	INTERVAL BETWEEN ONSET AND DEATH
(This does	ASE OR CONDITION DIR LEADING TO DEATH not mean the mode of , asthenia, etc. II meons mplication which caused ANTECEDENT CAUSES	dying, e.g., The disease,	(A) DUE TO  (B) DUE TO	Coronovie	n énsuf	Rieury
(This does hearl failure injury ar ca	LEADING TO DEATH not mean the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	dying, e.g., the disease, death.)  any, giving stating the  ONTRIBUTING	(B) DUE TO (C)	Coronovie Coronovie	n énsuf	Rieuro
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE	LEADING TO DEATH not mean the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.  II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	dying, e.g., The disease, death.)  any, giving stating the  ONTRIBUTING TED TO TH T.  DITION FOR V	G WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGN TO THE DISEASE OF T	LEADING TO DEATH not mean the mode of , asthenia, etc. It means mplication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) IG CONDITION last.  II  NIFICANT CONDITIONS CO DEATH BUT NOT RELA RE CONDITION CAUSING I	dying, e.g., the disease, death.)  any, giving stating the  ONTRIBUTING TED TO TH T.  DITION FOR VECTORMED	G WHICH OPERATION  PLACE OF INJURY (e.g., in, form, factory, street, o		No) 20B. IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE O	LEADING TO DEATH not mean the mode of , asthenia, etc. It means mplication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) IG CONDITION last.  II NIFICANT CONDITIONS CO DEATH BUT NOT RELA TO CONDITION CAUSING I TO OPERATION 19B. CON WAS PERI	dying, e.g., the disease, death.)  any, giving stating the  ONTRIBUTING TED TO TH T.  DITION FOR N FORMED  21B, hom etc.	G  WHICH OPERATION  PLACE OF INJURY (e.g., in, form, foctory, street, on)  INJURY OCCURRED  ILL AL Not While	20A. AUTOPSY? (Yes or n or obout 21C. WHERE DID lifice bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGN TO THE DISEASE OF THE DIS	DEADING TO DEATH not mean the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.  II WIFICANT CONDITIONS CAUSING I OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERIOR 198. CON WAS UNDERLYING 198. CON WAS PERIOR 199. CAUSE OF The medical examiner)  (Month) (Doy) (Year)	dying, e.g., the disease, death.)  any, giving stating the  ONTRIBUTING TED TO TH T. DITION FOR V FORMED  21B, hom etc. Hour) 21E, Wh wo	GE WHICH OPERATION  APLACE OF INJURY (e.g., integration of the control of the con	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID lifice bidg., INJURY OCCUR?	No) 208. IF YES, WEF IN CERTIFYING ( (II in Baltin)  NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Thore City, give exact location)
OTHER SIGN TO THE DISEASE OF THE	LEADING TO DEATH not mean the mode of , asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) IG CONDITION last.  INITION TONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PERI ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Day) (Year)  The condition causes stated the causes stated URE	dying, e.g., the disease, death.)  any, giving stating the  ONTRIBUTING TED TO TH T. DITION FOR V FORMED  21B, hom etc. Hour) 21E, Wh wo	GE WHICH OPERATION  PLACE OF INJURY (e.g., i e.g., form, foctory, street, o e.g.)  INJURY OCCURRED ite At Work he deceased from	20A. AUTOPSY? (Yes or n or obout 21C. WHERE DID liftice bidg., INJURY OCCUR?  21F. HOW DID I	No) 208. IF YES, WEF IN CERTIFYING ( (II in Baltin)  NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location)
OTHER SIGN TO THE DISEASE OF T	LEADING TO DEATH not mean the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.  INFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. COND WAS PERI ENT WAS UNDERLYING UNING CAUSE OF Ty medical examiner)  (Month) (Day) (Year)  y that (1) (this haspital to) last saw the decease and fram the causes state URE	dying, e.g., the disease, death.)  any, giving stating the  ONTRIBUTING TED TO TH T.  DITION FOR V FORMED  21B, hom etc.  IHour) 21E, Wh wo ) ottended to d alive an red abave. (I	GE WHICH OPERATION  PLACE OF INJURY (e.g., ine, form, factory, street, one)  INJURY OCCURRED  ile At Nat White he deceased from Nov 2 }  I) (We) (And) (did nat) At Phy	20A. AUTOPSY? (Yes or no robout 21C. WHERE DID liftice bidg., INJURY OCCUR?  21F. HOW DID I	No) 208, IF YES, WER IN CERTIFYING ( II in Baltim  NJURY OCCUR?  1966 ta	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exoct location)  Depinian death accurred an the da  [238, DATE SIGNED]

The same of party of Corporation ocalisment - den frince her 47 66

shows: (1) the body

Such

BIRTH NO.	6 12012		Y HEALTH DEPARTMENT	Registered Na	66 12012
M.E. CASE NO.		CERTIFICA	ATE OF DEATH	HOUR OF DEATH	
(Type or Print)	Martin	H. Sperlein	Nov.	28, 1966	3 A.
3. PLACE OF DEATH II  FULL NAME OF HOSPITAL OR	OF BALTIMORE, MARYLAN  (If nal in hospital ar instandiness or location)		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If ins Y	
INSTITUTION		uare Hospital	Baltimore	rol, give lacation)	URAL and give tawnship)
36	rrankrin 54	dare nospicar		tricker St.	
5. SEX 6. RA MALE WI		ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) MARRIED		AGE (In years ist birthdoy)	If Under 1 Yr. If Under 24 Manths Days Hours N
16A. USUAL OCCUPATION done during most of working RETIRED BRUS	lile, even if retired)	ITTS. PLATE GLASS	NEW JERSEY	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	II PAREK I.	IIID. I HAIE GLADO	14. MOTHER'S MAIDEN NAM	E	
Martin	Sperlein		Mary Linice		
5. Was Deceased Ever	in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
WW I	s, give war ar dates at s YES	213053005	Eva J. Sperlein	212 S. St	ricker St. 2122
1B. // // -	V 1		OF DEATH		INTERVAL BETWEEN
DISEASES OR C rise to the ob UNDERLYING CO OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONT	11 ST CONDITIONS CONTR BUT NOT RELATED DITION CAUSING IT.	giving ng lhe (C)	CVD + HYPEK		INDINGS CONSIDERED
19A. DATE OF OPER	WAS PERFORM			IN CERTIFYING CAU	
OR CONTRIBUTING DEATH (natify medi	CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacation)
21D. TIME (Mot OF INJURY (APPROX.)	nth) (Doy) (Year) (Ho	While At Not Work At Wark		RY OCCUR?	
that (1) (we) lost	sow the deceased ali	bove. (1) (We) (did) (did not)	19 66 ond the view the body ofter death.	t in(my) (our) apir	ion death accurred on the
23 PHYSICIAN'S NAME (Type)	ames E. Row		23D. ADDRESS		ike
24A, BURIAL CREMATIO	DN. 24B. DATE	24C. NAME of CEMETERY OF C			y, town, or countyl (S
BURIAL	12/1/66	MOINT OF THEFT CI	ZMEGREDV DAT	TO MD	
25A. DATE REC'D BY H		MOUNT OLIVET CI	METERI DAI	LTO., MD.	

VS 150-REV. 1/1/65

6 MOUNT OLIVET CEMETERY

25B. NAME OF REGISTRAR

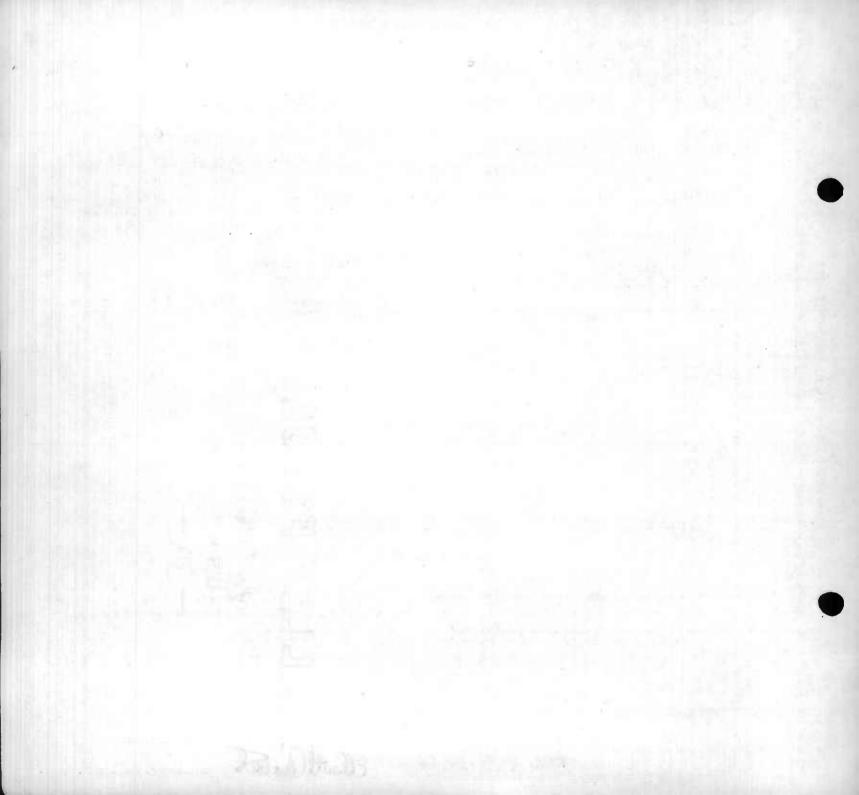
25C. FI
HO

a hospital and

Novem  USUAL RESIDENCE IWhere STATE B. COUNT  Maryland B. COUNT  Maryland CITY OR TOWN (If outs  Baltimore  STREET ADDRESS (If r.  3714 Mohawk  ATE OF BIRTH 9  L-2-1882  BIRTHPLACE (Stote or loreign  Washington D.  MOTHER'S MAIDEN NAM  Mary Grimes  NFORMANT	Baltimore side city limits, write  urol, give locotion)  k Avenue  AGE (In yeors lost birthdoy)  84 gn country)  C.  AE  5301 Wesl	
Novem  USUAL RESIDENCE   Where B. COUNT B. COUNT Maryland P. CITY OR TOWN (If outs Baltimore STREET ADDRESS (If re 3714 Mohawk ATE OF BIRTH 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mber 28, 19 e deceosed lived. If in Baltimore side city limits, write urol, give locotion) k Avenue p, AGE (In yeors lost birthday) 84 gn country) C. AE  5301 Wesl	RURAL and give fawn hip)  If Under 1 Yr. II Under 24 Hours Min.  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
USUAL RESIDENCE IWhere B. COUNT  Maryland E. COUNT  Maryland E. COUNT  Baltimore  STREET ADDRESS (If ro. 3714 Mohawk  ATE OF BIRTH  -2-1882  BIRTHPLACE (Stole or loreig  Washington D.  MOTHERS MAIDEN NAM  Mary Grimes  NFORMANT  Helen Harden  EATH  RO VASCULAR  STUE-ART-CU	Baltimore Saltimore Side city limits, write  Furol, give locotion)  K Avenue  P. AGE (In years ost birthday)  84 gn country)  C.  AE  5301 Wesl	RURAL and give rownship)  If Under 1 Yr. If Under 24 House Min.  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
Maryland E CITY OR TOWN (If outs Baltimore STREET ADDRESS (If re 3714 Mohawk ATE OF BIRTH  -2-1882 BIRTHPLACE (Stote or loreig Washington D. MOTHERS MAIDEN NAM Mary Grimes NFORMANT Helen Harden EATH  RO VASCULAR  STUE-ART-CV	Baltimore side city limits, write  urol, give locotion)  k Avenue  AGE (In yeors lost birthdoy)  84 gn country)  C.  AE  5301 Wesl	If Under 1 Yr. If Under 24 F Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY? USA  ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
CITY OR TOWN (IF outs Baltimore STREET ADDRESS (IF TO 3714 Mohawk ATE OF BIRTH  -2-1882 BIRTHPLACE (Stote or lore) Washington D. MOTHERS MAIDEN NAM Mary Grimes NFORMANT Helen Harden EATH  RO VASCULAR  STUE-ART-CU	wrol, give locotion)  k Avenue  7, AGE (In years lost birthday)  84 gn country)  C.  AE  5301 Wesl	If Under 1 Yr. II Under 24 Hours Min  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
CITY OR TOWN (IF outs Baltimore STREET ADDRESS (IF TO 3714 Mohawk ATE OF BIRTH  -2-1882 BIRTHPLACE (Stote or lore) Washington D. MOTHERS MAIDEN NAM Mary Grimes NFORMANT Helen Harden EATH  RO VASCULAR  STUE-ART-CU	wrol, give locotion)  k Avenue  A Age (In years lost birthday)  84  gn country)  C.  AE  5301 Wesl	If Under 1 Yr. II Under 24 Hours Min.  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
Baltimore STREET ADDRESS (IF TO STREET ADDRESS)  3714 Mohawk ATE OF BIRTH  -2-1882 BIRTHPLACE (Stote or loreign  Washington D.  MOTHER'S MAIDEN NAM  Mary Grimes NFORMANT  Helen Harden  EATH  RO VASCULAR  STUE- ART. CV	Accident	If Under 1 Yr. II Under 24 Hours Min  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
STREET ADDRESS (IF TO STREET ADDRESS)  3714 Mohawk  ATE OF BIRTH  -2-1882  BIRTHPLACE (Stole or loreign  Washington D.  MOTHER'S MAIDEN NAM  Mary Grimes  NFORMANT  Helen Harden  EATH  -RO VASCULAR  STUE- ART. CV	Avenue  7. AGE (In yeors ost birthdoy) 84 gn country) .C. AE  5301 West  Accident	Months Doys Hours Min  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
ATE OF BIRTH  -2-1882  BIRTHPLACE (Stote or loreig  Washington D.  MOTHERS MAIDEN NAM  Mary Grimes  NFORMANT  Helen Harden  ATH  RO VASCULAR  STUE-ART- CV	ACCIDENT  ACCIDENT  ALSE MSE	Months Doys Hours Min  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
ATE OF BIRTH  -2-1882  BIRTHPLACE (Stote or loreig  Washington D.  MOTHERS MAIDEN NAM  Mary Grimes  NFORMANT  Helen Harden  ATH  RO VASCULAR  STUE-ART- CV	ACCIDENT  ACCIDENT  ALSE MSE	Months Doys Hours Min  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
Washington D. Mothers Maiden NAM Mary Grimes MFORMANT Helen Harden ATH MO VASCULAR  STUE ART. CV	84 gn country) .C. AE  5301 West  ACCIDENT  AISENSE	address  Address  Ley Avenue # 7  Interval Between onset and Death
Washington D. Mashington D. MOTHERS MAIDEN NAM Mary Grimes NFORMANT Helen Harden EATH MO VASCULAR STUE ART. CV	Sol West  AccideNT  AccideNT	ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
Washington D. MOTHERS MAIDEN NAM Mary Grimes NFORMANT Helen Harden ATH RO VASCULAR STUE- ART- CV	5301 West AccideNT	ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
MOTHERS MAIDEN NAM Mary Grimes NFORMANT Helen Harden ATH RO VASCULAE STUE- ART- CV	5301 West  ACCIDENT  DISENSE	ADDRESS  Ley Avenue # 7  INTERVAL BETWEEN ONSET AND DEATH
Mary Grimes  NFORMANT  Helen Harden  EATH  RO VASCULAR  STUE- ART- CV	5301 Wesl AccideNT DISENSE	ley Avenue # 7
NFORMANT Helen Harden AND VASCULAR STUE- ART- CV	ACCIDENT DISENSE	ley Avenue # 7
NFORMANT Helen Harden AND VASCULAR STUE- ART- CV	ACCIDENT DISENSE	ley Avenue # 7
Helen Harden  ATH  RO VASCULAR  STUE ART. CV	ACCIDENT DISENSE	ley Avenue # 7
RO VASCULAR RO VASCULAR SIUE: ART. CV	ACCIDENT DISENSE	INTERVAL BETWEEN ONSET AND DEATH
RO VASCULAR SIUE- ART- CV	DISENSE	ONSET AND DEATH
SIVE ART. CV	DISENSE	
SIVE ART. CV	DISENSE	O HOURS.
	004040404	
The state of the s		
20 A. AUTOPSY? [Yes or No]	208 15 455 11155	SINDINGS CONSIDERS
MA. AUTOPST? ITES OF NO		FINDINGS CONSIDERED AUSES OF DEATH?
t. 1210 MILERS DID	(0) : 6 1:	
oldg., INJURY OCCUR?	(II in Boltimoi	ie City, give exoct locotion)
21F. HOW DID INJU	JRY OCCUR?	
335		
	-//	11.1.28
	946 ta /	VAV 20 1966
19.64 and tha	at in (my) (aur) api	inian death occurred an the c
the bady after death.		
		23B. DATE SIGNED
Med.	Stoff Phys.	Nov. 29 1966
	+ Park (	Lise Broke Midsey
		AUG MALIONA (1)
ORY 24D. LO	CATION (C	City, town, or county) (State
		aruland
etery Bal	ltimore M.	
C	19 66 and the w the bady after death.  Med. Director D. ADDRESS  550) Force  ATORY 24D. LC	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  1966 to 1966 t

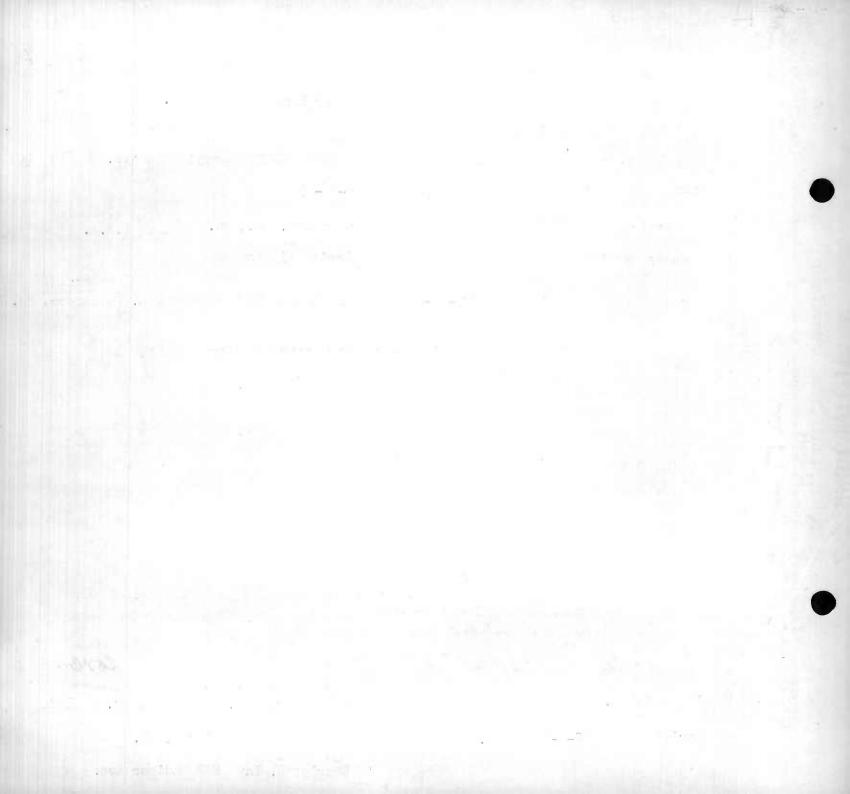
VS 150-REV. 1/1/65

4600 Liberty Hghts. Ave.#



Acute Remai Falus of Comes De highest on Strike 2 Pmenus 70 D 28 Wr 2 77 74 Et 38 Wr F-grapa Q About the later of the street and

1	57	66 1201	5	BALTIMORE CITY	HEALTH DEPARTMENT		CC 40 35
TRI	H NO.	00 12,01.	)	CERTIFICA	TE OF DEATH	Registered No	. 66 12015
, N	AME OF DECE	ASED			2. DATE	AND HOUR OF DEAT	Н . ,
		MUEL	HAW	ICINS	26,1	VOUE MBE	2 1916 410 institution: residence before odm
3. F	LACE OF DEAT	H IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (W A. STATE B. COL	here deceesed lived. If UNTY	institution; residence before odm
21	ULL NAME OF		al er institutien,	give street	Maryland :	ylvania Ave	RUKAL ond give township
	HOSPITAL OR	eddress or locet	ien)			outside city limits, write	RUKAL and give township
		e City Hosp	itals		Baltimore D. STREET ADDRESS	(If rure), give lecetion)	7-0
	A940 Eas Baltimor	tern Ave. e, Maryland	# 2122	1.			nia Ave. #21217
S. S		S. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In veers	I 10 11 1 1 10 11 11 1
M	ale	Negro	Wido	wed (specify)	12-25-75	lest birthdoy)	Menths Deys Heurs
10A	USUAL OCCU	PATION (Give kind of we	erk 108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stete er fe	ereign country)	12. CITIZEN OF WHAT COUNTRY?
done	Retir	orking life, even if retired ed			Prince Geo. C	o., Md.	U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN N	•	0,00110
	James H	lawkins			Louise Pink	ney	
15.	Wes Deceesed I	ver in U. S. Armed F	oices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	2.0	III yes, give war er do	otes ef service)	SECURITY NO.	BCH. Records	QAO Factors	ADDRESS # 21224 Ave. Baltimore,
7	No	7 7 1		CAUSE 0		1740 Fasterill	INTERVAL BETWEE
`	OVE	7/					ONSET AND DEA
		OR CONDITION E			1 - A- A	1 1	
11		EADING TO DEAT		(101	twe tuber	wildin 1	une
	(This does no	I mean the made	of dvina, e.a.,	DUE TO	Journal of the second		N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	heart failure, a	sthenia, etc. It mean	s the disease,				0
	injury at camp	lication which cause	ed death.)				
	A	NTECEDENT CAUSI	ES	(B)			
	DISEASES	CONDITIONS, if	ony sivies	DUE TO			
	rise to the	abave couse (A		(C)	************************************		
	UNDERLYING	CONDITION last.		. 0+00000000000000000000000000000000000			
_		- 11					
0	OTHER SIGNIFI	CANT CONDITIONS ATH BUT NOT RE	CONTRIBUTIN	G F			
AT	DISEASE OR C	ONDITION CAUSING	i IT.				
ERTIFIC	TYA. DATE OF	OPERATION 198. CO	INDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
FR	214 ACCIDENT	P MAR HAD DE MINIS		N. A. C.	TES	YES	
C	OR CONTRIBUT	WAS UNDERLYING	l 21 B	PLACE OF INJURY (e.g., in e., ferm, fectery, street, ef	er ebout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Beltime	ere City, give exect lecation)
CA	DEATH (notify r	medical examiner	etc.				
EDI	21 D. TIME OF INJURY	(Menth) (Dey) (Yeo	r) (Heur) 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2	(APPROX.)		Wh	ile At Net While			
	22 1	has (1) (2) - 1 - 1	90			310 lot 77	- DAILGOM O. E D
	ZZ. I certify t	nar (I) (this hospit	aijjattended t	ne deceased from	POUR MORE	19 60 10 20	DUVIEMBER,19
				1-			pinion deoth accurred an tl
	and hour and	from the causes st	ated abave. (	(Wer)(did)(did not) v	iew the bady after deat	1.	
	234 SIGNATUR	E	7	-4.			23B, DATE SIGNED
	WLAN	riel N	TRI	M.D. Atte	nding Med. Director	Steff Phys.	26 novemb
	23C. PHYSICIAN	rs			23D. ADDRESS		10070.00
				M.D.	Baltimore Cit	y Hospitals	343 A 0800
244	and the same of th	1 D. Foote	124C M				ore, Md. # 21224
	REMOVAL (Sp	ecify)		AME of CEMETERY er CRE	24D.	LOCATION	City, tewn, er county) (5
_ !	Burial F	12-1-	66 Mt.	Auburn		Baltimore	Mi.
25A	DATE REC'D	HEALTH DEPTIO	258. NAME (	OF REGISTRAR	250 JUNERAL DIRECT	OR	ADDRESS
		1000	Volen	TE. Jallevan	Charles R.	Law 802 Mad	dison Ave.
=	150-REV. 1/1/65	5		4-40. 40:	WEIGHT TOO 168	AND THE	



00	400	3.3	13
66	12	U.	0

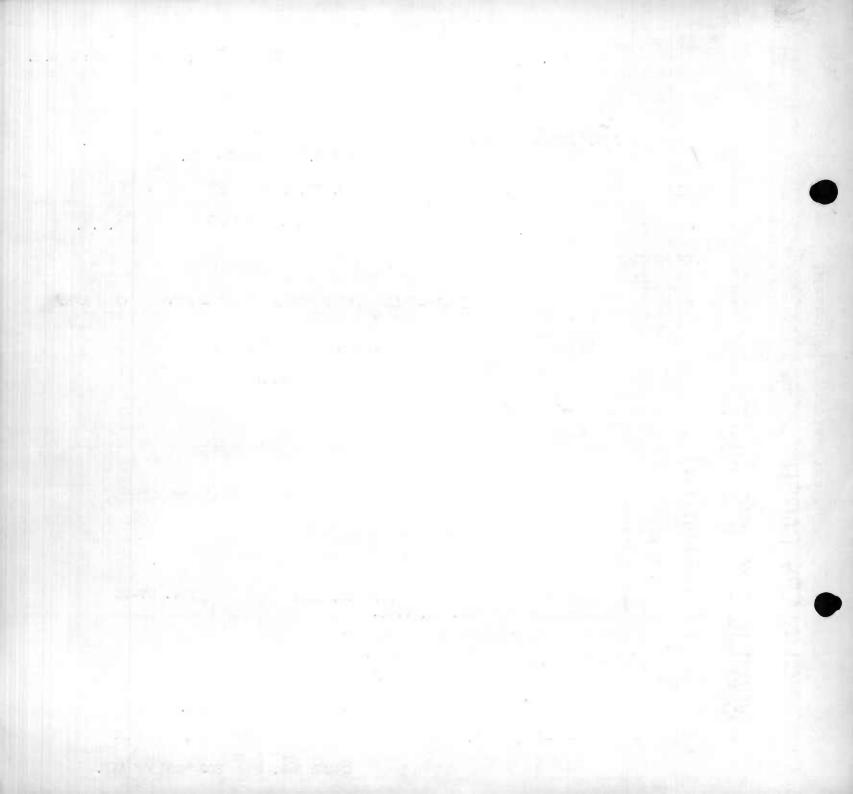
BALTIMORE CITY HEALTH DEPARTMENT

Registered	No	66	1	201	6

3	H NO.			CERTIFICA	TE OF DEA	ATH Ke	istered No	00 17 010					
	AME OF DEC	EASED			12.	DATE AND HOL	R OF DEATH						
(Type or Print) EMILY E. JENNINGS						NOVEMBER	26, 196	6 8:30 A.M.					
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDE	NCE (Where deced	sed lived. If inst	itution: residence before odmission)					
					A. STATE B. COUNTY								
	ULL NAME O	F (If not in hospital oddress or location	give street	MARYLAND /									
	NSTITUTION				C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BAT.TIMORE								
	r.	822 N. CARRO	T.T.TON A	VENUE	D. STREET ADDRE		in Innetion	9 0/					
1	10	OZZ II. ORIGIO	ZIDION A	ATHACH	D. STREET ADDRESS (If rurel, give location) 822 Ne CARROLLTON AVE.								
	7												
S. SEX 6. RACE 7. MARRIED, NEVER MARRIE FEMALE COLORED WIDOW DIVORCED (s			DIVORCED (specify)	SEPT. 13,	last birt	(In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
			108. KIND OF	BUSINESS OR INDUSTRY			try)	12. CITIZEN OF					
done	HOUSE K	working life, even if retired) EEPER			BALTIMOR	E, MARYLA	ND	WHAT COUNTRY? U. S. A.					
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAME								
	JOHN BO	YER			EMILY								
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT ADDRESS								
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 218-12-6848			218-12-6848	MARJORIE JENNINGS - 4009 BELVIEW AVE.								
	18. 11 0 0			CAUSE OF DEATH		-	INTERVAL BETWEEN						
	DISEAS	E OR CONDITION DIR	ECTLY		V			ONSET AND DEATH					
		LEADING TO DEATH		(A) Ca	ardiovascul	ar Diseas	e						
		as the made of	DUE TO	and a supplemental process on a superior of the supplement is used to en			9						
	hearf failure, asthenia, etc. If means the disease, injury or complication which caused death.)  Arterio Sclerosis												
	,	ANTECEDENT CAUSES		(B)	······································								
	DISEASES OR CONDITIONS, if any, giving												
	rise to the above cause (A) stating the (C)												
	UNDERLYING CONDITION loss.												
7													
ATIO	TO THE D	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE											
	DISEASE OR	CONDITION CAUSING I	Τ.		T00.4	/V N N 00B							
ERTIFIC	DATE OF	OPERATION 198. CON WAS PERI	WHICH OPERATION	ZUA. AUTOPSY?	(Tes of No) 208, IN C	ERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?						
CE		NT WAS UNDERLYING		PLACE OF INJURY (e.g., i	n or obout 21 C. WHE	RE DID	(If in Baltimore	City, give exact location)					
AL		TING CAUSE OF medical examiner	hom etc.	e, form, factory, street, o	thee bidg., INJURT C	CCUR?							
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21E HOW	DID INJURY O	CIIP?						
ME	OF INJURY	to dy. trods		ile At Not Whil		DID INJURI O		M.A. II					
	(APPROX.)  Work  At Work												
	22. I certify that (I) (this haspital) attended the deceased from June 15, 1966 19 to Nov. 27-66 19												
	that (1) (we) lost sow the deceosed olive on NOV. 26. 1966. 19 ond that in (my) (our) opinion death accurred on the dote												
	that (I) (we)	1-31 30 11 1110 0000030		and hour and from the causes stated above. (1) (We) (did not) view the body after death.									
				(We) (did) (did not)	view the body afte	er deoth.							
		from the couses stat		(We) (did) (did not)	view the body afte	or deoth.		23.B. DATE SIGNED					
	ond hour one	from the couses stat		(We) (did) (did not)	Aing Med	d. Shoff		23B, DATE SIGNED					
	ond hour one	from the couses star		Ohuses	1	d. Shoff		238. DATE SIGNED					
	ond hour one	from the couses state	red above. (I	Ohnson	Meing Mei	d. Shoff		23 B. DATE SIGNED					
	23A. SIGNATU 23A. SIGNATU 23C. PHYSICIA NAME (T	from the couses state of the couse state of the couses state of the couse state of	R. JOHN	Ohwsky ISON M.	Aling Med Direction 23D. ADDRESS **	d. Stoff Phys.	Blde.						
24A	23A. SIGNATU 23A. SIGNATU 23C. PHYSICIA NAME (T	from the couses state  WILLIAM  MATION, 248. DATE	R. JOHN	ISON M. D.	Aling Med Direction 23D. ADDRESS **	Stoff Phys.	Bldg.  City	, town, or county) (State)					
24A	23A. SIGNATO 23A. SIGNATO 23C. PHYSICIA NAME (T BURIAL CRE REMOVAL)	from the couses state  WILLIAM  MATION,  248, DATE	R. JOHN	Ohwsky ISON M.	Aling Med Direction 23D. ADDRESS **	Stoff Phys. C	Blde.	, town, or county) (State)					

VS 150-REV. 1/1/65

CHARLES R. LAW 802 MADISON AVE.



Star Worker nulle-Knowlt States 

the body shows:

pital and of death Deceased the Such

hospital

uo

attendance

canse;

death.

9

prior

M.E. CASE NO. NAME OF DECEASED

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV, 1/1/65

Burial KENOWN 12/1
25A. DATE REC'D BY HEALTH DEPT.

24B, DATE

(Type or Print)

66	1	21	1.	8

ROSE KUSHNER
3. PLACE OF DEATH IN BALTIMORE, MARYLAND

BALTIMORE CITY HEALTI

4. USU.

CERTIFICATE C

DEPARTMENT	66 12018
F DEATH Registered N	la. 00 121118
2. DATE AND HOUR OF DEA	тн
November 29. 19	366 10:10 A. M.
November 29, 19  RESIDENCE   Where deceased lived. I  B. COUNTY	f institution: residence before admission)
	Balto. Co.
yland  OR TOWN IIf outside city limits, wri	
timore ADDRESS (If rurol, give location)	53-00
1 Smith Avenue	
9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
17, 1913 53 PLACE (Stote or foreign country)	
PLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
W York City  JERS MAIDEN NAME	USA
IER'S MAIDEN NAME	
.cky ?	
MANT	ADDRESS
Bennie Kushner, 27	21 Smith Avenue #9
Bennie Kushner, 272	INTERVAL BETWEEN
A-A.	ONSET AND DEATH
talie Carcinomo	1- 11
A .	
runa Ridney	2412
and southly	
**************************************	
UTOPSY? (Yes or No) 20B, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21 C. WHERE DID (If in Boltin	more City, give exact location)
NJURY OCCUR?	,, ,
TF. HOW DID INJURY OCCUR?	
HOW DID HAJORT OCCUR!	
21/1/	
3/6 1966 10	11/29 1966
and that in (my) (aur)	opinian death occurred an the date
ady after death.	

(City, town, or county)

Levinson & Bros. Inc., 6010 Reisterstown

(Stote)

ADDRESS

24D. LOCATION

25C. FUNERAL DIRECTOR

New York

(If not in hospital or institution, give street Ma C. CIT HOSPITAL OR oddress or location) INSTITUTION Ba D. STRE BELVEDERE NURSING HOME 27 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE WIDOWED, DIVORCED (specify) White Married Female Female White Married Maried Maried 102. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1) 1. BIRT done during most of working life, even if retired Housewife 13. FATHERS NAME At Home 14. MO Louis Razelsky B 15, Was Deceased Ever in U. S. Armed Forces 17. INFO 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mr No 1B. CAUSE OF DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the obave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20 A. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or obou-home, form, foctory, street, office bldg. OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) OF INJURY (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED White At Not While (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (We) (dld) (did not) view the 23A. SIGNATURE 23B, DATE/SIGNED Attending Med. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. Maurice Feldman

24C. NAME of CEMETERY OF CREMATORY

VS 150-REV. 1/1/65

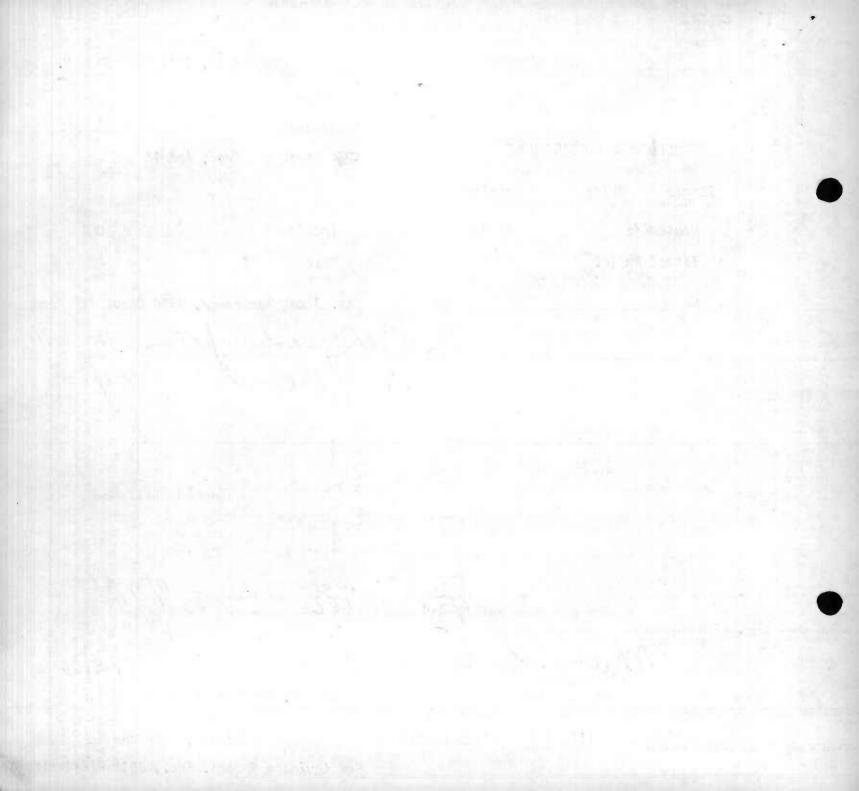
a hospital and

66 12	119	
-------	-----	--

## BALTIMORE CITY HEALTH DEPARTMENT

N-	6	6	1	21	11.	9
Na.	 					_

A.E. CASE NO.		A. C/	CERTIFICA	ATE OF DEATH	X	
NAME OF DECEA Type or Print)		UACKEDII	AM		AND HOUR OF BEAT	
PLACE OF DEATH	ANIVA I	HACKERM RYLAND	4//	4. USUAL RESIDENCE (W	here deceased lived. II	f institution: residence before admission
			Y	A. STATE B. CO	UNTY	n. 12 /
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location		give street	c. city or town (If	outside city limits, writ	te RURAL and give township)
20				Baltimore	(If rural, give location)	33-00
BELVED	ERE NURSING	HOME		D. STREET ADDRESS	ill Road. Ap	+ 11
SEX 6.	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeges	If Itadas 1 Vs. If Itadas 24 Ma
Female	White.	Marr	ind (specify)		lost biphyran	Months Doys Hours Min.
A. USUAL OCCUP	ATION (Give kind of work			Y 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	rking life, even if retired)	1+1	Lama	I metal m		WHAT COUNTRY?
HOUSEWER PATHERS NAME	e	AL I	tome	14. MOTHER'S MAIDEN P	AME	USA
Israel R	alhel			Rose	?	
	ver in U. S. Armed For f yes, give wor or dole	ces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
4.	f yes, give wor or dote	s of service)	SECURITY NO.			
No	0.0	1	No	Mrs. Jacob f	lackerman, 6	930 Brookmill Road
100	3 , 8		CAUSE	OF DEATH	1 1	ONSET AND DEATH
	OR CONDITION DIR	RECTLY	(ie	. he human	Es Culart	3 Januar Mi
	meon the made of	dvina e a	(A)	no de lecero	may jing	
heort failure, as	thenia, etc. II means	the disease,				
	icalian which caused		/4	- OT Cale	n	5420
AN	ITECEDENT CAUSES		DUE TO	/)	1000	
	CONDITIONS, if					
	above cause (A) CONDITION last.	sloling lhe	(C)	\$	*******************	
	11					
OTHER SIGNIFIC	II CANT CONDITIONS C	ONTRIBUTIN	G			
TO THE DEA	TH BUT NOT RELA	TED TO TH				
19A.DATE OF O	PERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or		RE FINDINGS CONSIDERED
19A. DATE OF O	WAS PERI	FORMED			IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING	21 B	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Solfin	nore City, give exact location)
DEATH (notify m	NG CAUSE OF dedical examiner	etc.		office bldg. INJURY OCCUR		
21 D. TIME (/	Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			ile At   Not Wh			. 110
(APPROX.)		Wo	rk	k L		11/ng //
22. I certify th	at (1) (this hospital	) attended t	he deceased from	14.36	19ta	1/10/06/19
that (I) (we) la	st saw the decease	d alive on	11/28	1966 and	that in (my) (aur)	opinion death accurred an the de
and hour and f	ram the couses stat	ed obavé. (	() (We) (### (did nat)	view the bady after deat	h.	
23A. SIGNATURE		/	, , , , , , , , , , , , , , , , , , , ,	/		23B. DATE SIGNED
	M ada 1	511.	7 M.D. A	ttending Med.	Stoff	11/10/11
23C. PHYSICIAN	i wirw.	1/1	PI	23D. ADDRESS	Phys.	11/27/66
NAME (Type	e)					
	Milton K	irsh	M.C		Iorthern Par	kway
4A. BURIAL CREMA	ATION, 24B. DATE	24C. N.	AME of CEMETERY OF C	REMATORY 24D	LOCATION	(City, town, or county) (State)
		11	Pagi Titan		Dan Date !	Hat all and
Burial SA. DATE RECIDIBLE	11/30/	36 1 258. NAME	Bnai Israel OF REGISTRAR	25C. FUNERAL DIREC	Baltimore,	Maryland ADDRESS
SA. DATE RECIDE	11/30/		Snai Israel OF REGISTRAR	25C. FUNERAL DIRECT	Baltimore,	Maryland ADDRESS



Law. Manufactor, which is done in Assess THE PROPERTY OF THE PARTY OF TH IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

Voteral/BHTAV mind a represent to the second of the second

THE COURSE OF PARTY AND ADDRESS OF THE PARTY A

5 M 1361 M SE Maryland Bultimer City Hospitals 4018 Dorback Rd Mary Land Isaac Goodman Farmis Lazaras (Complete Control Occolors Atras Florillation 7 5 2118 Aspertion formand 3 day 28 Not 20 100 00 28 1/2 100 Sulling A Raining

00 40000	BALTIMORE CITY	HEALTH DEPARTMENT	1/	66 1000
BIRTH NO. 66 12023	CERTIFICA	TE OF DEATH	Registered Na	56 12023
M.E. CASE NO. ROSE  1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Annel Rosen b	210		28/66	645 04
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7	4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before odmission)
		A. STATE B. COUNT	B 11.	/
FULL NAME OF (tf not in hospital or institution, HOSPITAL OR oddress or location)	give street	C. CITY OF TOWN IIF outs	Da Tim	URAL and give township)
INSTITUTION	0	0 115		2 3 0
Sinai Hospital of	Baltimore	Baltimor D. STREET ADDRESS (If no	ural, give location)	0 0 - 0 -
42		8211 Anit	-a Rd	
5. SEX   6. RACE   7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
harmon le	ED, DIVORCED (specify)	8/4/09	ost birthdoy)	Months Doys Hours Min.
1 B-V	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
done during most of working tife, even if retired)		m 1	1	WHAT COUNTRY?
Housewife At	Home	l'lary lans	3	USH
		14. MOTHER'S MINIDEN NAM	NE .	
Abraham Orenstein		Fannie Setner		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	Unknown	Mr Hanny Datas	hara 6011	Anita Road #8
18. 2 6 6 7	CAUSE O	Mr. Harry Roser	morn, or 11	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	<b>0</b> a	^	1	ONSET AND DEATH
LEADING TO DEATH	(A) Pul	monary Fo	ema	3 days
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	DUE TO	/		
injury or complication which coused deoth.)	C	action House	+ Failure	12 man 41
ANTECEDENT CAUSES	DUE TO	estive near	1 / 66 / 106 / (	3 months
DISEASES OR CONDITIONS, if any, giving	Arte	estive Hear rioslerotic He jabetes Mei	eart Diseas	ie
rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	(C) · ()	iabetes Mel	11+43	1542
11	<del></del>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	1G			
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HE			
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAU	NDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED			III CERIII IIII CAO	SES OF BEATH
U 21 A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in	fice bldg. INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)		3,		
21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	hite At Not While	е		
		/1112		11/28 19 46
22. I certify that (((this hospital) attended	and I control	7	9 6 6 to	,
that (F) (we) last saw the deceased alive an.	7/ / 2 ¥	19 <u>4 6</u> and tha	tin(mapp) (manual) opin	ion death accurred on the date
and hour and from the causes stated above.	(**) (We) (did) (did *****) v	iew the bady after death.		
23A. SIGNATURE	0 1	allow - Mad - 1	Cantt 2	23B, DATE SIGNED
Allan S. Kudo	M.D. Atte	ending Med. Director	Phys.	11/18/66
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	11	
Allan S Rudol	ph M.D.	Sinai	MOSPI	tal
24A. BURIAL CREMATION, 24B. DATE 24C.	AME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Cit	, town, or county) (State)
REMOVAL (Specify)	2.11		2.044	1
Burial 11/29/66 F	Rodfe Tedek Con	25C. FUNERAL DIRECTOR	Baltimore, N	lary Land ADDRESS
pro 1 lace A h &	COTAL HE		C Runs Tun	6010 Reisterstow
VS 150-REV. 1/1/65	C. ACKOSSII	Sol Levinson	a blus, Inc.	* OUTU KELOLEIDALU
TO 100-16 TO 1/1/00				

FUNERAL DIRECTOR: IMPORTANT

N.E. CASE NO					2. DATE A	ID HOUR OF DEAT	TH
Type or Print)		mal Orrio				11/29/66	
PLACE OF	Bernard Ca	ARYLAND	8S		ESIDENCE (Whe	re deceased lived, If	f institution: residence be
				A. STATE	B. COUN	ITY	
HOSPITAL O		l or institution, g on)	give street	Maryl		tside city limits writ	te RURAL and give town
INSTITUTION				Balti			7/1
0	Long Green Nu	rsing Ho	ome	D. STREET A		rurol, give location	
90	Bong Oreen No	ir o ing	Jaco	1018	E. Lake	Ave.	
S SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF		9. AGE (In years	If Under 1 Yr., If
Male	White	Mari	o, DIVORCED (specify)	Nov.	2, 1906	last birthday)	Months Doys Ho
	CUPATION (Give kind of wor				,		12. CITIZEN OF
	of working life, even if retired)		acunting	Dol+	imono M	on mland	WHAT COUNT
Execut:		AC	ecounting		Imore, M	ar yland	U.S
3. FATHER'S N	eph P. Swiss				S MAIDEN NA OSALIA	(Not Know	m)
0030	-br r. Owron			1	COMPLE	CHOC KIIOW	
	wn)(If yes, give wor or do		1 6. SOCIAL SECURITY NO.	17. INFORMA	NT		ADDRESS
			JECORIII NO.	Mrs. E	thel Swi	ss 1018	E. Lake Ave.
No. 18.	100		CAUSE	OF DEATH			INITERVAL
	LEADING TO DEATH		111	roome	MUGOTO	Esdial M	first 2
DISEASES	ANTECEDENT CAUSE OR CONDITIONS, if	d deoth.) S any, giving	DUE 10			erdial In	
DISEASES	re, oslhenia, elc. It meon complication which cause:  ANTECEDENT CAUSE  OR CONDITIONS, if the abave cause (A) NG CONDITION last.	s the disease, d deoth.)  S  any, giving stating the	(C)				
DISEASES rise to UNDERLYI  OTHER SIG	ore, osthenia, etc. It meon complication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION lost.	s the disease, d deoth.)  S  any, giving stating the  CONTRIBUTING ATED TO TH IT.  NOTITION FOR N	(C)				
DISEASES tise to UNDERLYI  OTHER SIG	ore, osthenia, etc. It meon complication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION lost.	s the disease, d deoth.)  S  any, giving stating the  CONTRIBUTING ATED TO TH	(C)			o) 20B. IF YES, WEI	RE FINDINGS CONSIDEI CAUSES OF DEATH?
DISEASES TISE TO THE DISEASE (TO THE DISEASE (	ore, osthenia, etc. It meon complication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION lost.	s the disease, d deoth.)  5  any, giving stating the  CONTRIBUTING. ATED TO TH IT.  NOTITION FOR VERFORMED	G  G  WHICH OPERATION  PLACE OF INJURY(e.g. of form, foctory, street, form, foctory, street	20 A. AUT	DPSY? (Yes or N	o) 20B. IF YES, WEI	
DISEASES (15 E TO THE SIGN TO THE DISEASE (17 E TO	ANTECEDENT CAUSE  OR CONDITIONS, if the above cause (A) NG CONDITION last.  CONDITION CONDITIONS  OF OPERATION CAUSING  OF OPERATION CAUSING  OF OPERATION TO REL  OF OPERATION CAUSING  OF OPERATION CAUSING  OF OPERATION TO REL  OF OPERATION CAUSING  OF OPERATION TO REL  OF OPERATIO	s the disease, d deoth.)  S  any, giving stating the  CONTRIBUTING. ATED TO TH  IT.  NOTITION FOR VERY REFORMED  21B. hometc.	G  G  WHICH OPERATION  PLACE OF INJURY(e.g. of form, foctory, street, form, foctory, street	20A. AUT	DPSY? (Yes or N	o) 20B. IF YES, WEI IN CERTIFYING (	RE FINDINGS CONSIDEI CAUSES OF DEATH?
DISEASES TISE TO THE DISEASE (TO THE DISEASE (	ANTECEDENT CAUSE  OR CONDITIONS, if the above cause (A) NG CONDITION last.  CONDITION CONDITIONS  OF OPERATION CAUSING  OF OPERATION CAUSING  OF OPERATION TO REL  OF OPERATION CAUSING  OF OPERATION CAUSING  OF OPERATION TO REL  OF OPERATION CAUSING  OF OPERATION TO REL  OF OPERATIO	s the disease, d deoth.)  S any, giving stating the CONTRIBUTING. ATED TO THIT. NOTION FOR VERFORMED  21B. hometc.	G  WHICH OPERATION  PLACE OF INJURY (e.g. form, foctory, street, )  INJURY OCCURRED  ile At  Not W	20 A. AUTi	DPSY? (Yes or N . WHERE DID URY OCCUR?	o) 20B. IF YES, WEI IN CERTIFYING (	RE FINDINGS CONSIDEI CAUSES OF DEATH?
DISEASES rise to UNDERLYI  OTHER SIG TO THE DISEASE CIPA. DATE  21 A. ACCI OR CONTR DEATH (no 21 D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSE  OR CONDITIONS, if the abave cause (A) NG CONDITION lost.  II SNIFICANT CONDITIONS DEATH BUT NOT RELOR CONDITION CAUSING OF OPERATION 198. COI WAS PE  DENT WAS UNDERLYING [ IBUTING CAUSE OF tify medical examiner)  (Month) (Day) (Year	s the disease, d deoth.)  S  any, giving stating the  CONTRIBUTING ATED TO TH IT.  NOTION FOR V RFORMED  21B. hometc.;  (Hourd 21E. Wh. Wo	G  FE  WHICH OPERATION  PLACE OF INJURY (e.g. proper form, foctory, street, proper foctory)  INJURY OCCURRED ite At Work	20 A. AUTi	DPSY? (Yes or N . WHERE DID URY OCCUR?	O) 20B. IF YES, WEI IN CERTIFYING ( (If in Boltin	RE FINDINGS CONSIDEI CAUSES OF DEATH?
OTHER SIGNATE  OTHER	ANTECEDENT CAUSE OR CONDITIONS, if The above cause (A) NG CONDITION last.  II  SINIFICANT CONDITIONS DEATH BUT NOT REL DR CONDITION CAUSING OF OPERATION 198. CO WAS PE  DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examiner)  (Month) (Day) (Year	s the disease, d deoth.)  S  any, giving stating the  CONTRIBUTING ATED TO TH IT.  NODITION FOR N RFORMED  21B. hom etc.  (Hour) 21E. Wh. who	GE WHICH OPERATION  PLACE OF INJURY (e.g. ne, form, foctory, street, ile At Wark At Wa	20 A. AUTi	DPSY? (Yes or N WHERE DID URY OCCUR?	O) 20B. IF YES, WEI IN CERTIFYING (  (If in Boltin   URY OCCUR?	RE FINDINGS CONSIDER CAUSES OF DEATH?  more City, give exact loc
DISEASES rise to UNDERLYI  OTHER SIG TO THE DISEASE (19A. DATE  21A. ACCI OR CONTR DEATH (no 21D. TIMEY (APPROX.)  22. I cert	ANTECEDENT CAUSE  OR CONDITIONS, if the abave cause (A) NG CONDITION lost.  II SNIFICANT CONDITIONS DEATH BUT NOT RELOR CONDITION CAUSING OF OPERATION 198. COI WAS PE  DENT WAS UNDERLYING [ IBUTING CAUSE OF tify medical examiner)  (Month) (Day) (Year	s the disease, d deoth.)  S  any, giving stating the  CONTRIBUTING ATED TO TH IT.  NODITION FOR N RFORMED  21B. hom etc.  (Hour) 21E. Wh. who	GE WHICH OPERATION  PLACE OF INJURY (e.g. ne, form, foctory, street, ile At Wark At Wa	20 A. AUTi	DPSY? (Yes or N WHERE DID URY OCCUR?	O) 20B. IF YES, WEI IN CERTIFYING (  (If in Boltin   URY OCCUR?	RE FINDINGS CONSIDEI CAUSES OF DEATH?
DISEASES fise to UNDERLYI  OTHER SIG TO THE DISEASE ( 19A. DATE OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)  22. I cert that (I) (w	ANTECEDENT CAUSE OR CONDITIONS, if The above cause (A) NG CONDITION last.  II  SINIFICANT CONDITIONS DEATH BUT NOT REL DR CONDITION CAUSING OF OPERATION 198. CO WAS PE  DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examiner)  (Month) (Day) (Year	s the disease, d deoth.)  S any, giving stating the CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED  21B, home etc. Wh. Wo	G  WHICH OPERATION  PLACE OF INJURY (e.g. ge, form, foctory, street, )  INJURY OCCURRED ite At At Work	20 A. AUTi	DPSY? (Yes or N . WHERE DID URY OCCUR? . HOW DID IN	O) 20B. IF YES, WEIN CERTIFYING  (If in Boltin  JURY OCCUR?	RE FINDINGS CONSIDER CAUSES OF DEATH?  more City, give exact loc
DISEASES rise to UNDERLYI  OTHER SIG TO THE DISEASE (OR CONTR DEATH (no OF INJURY (APPROX.)  22. I cert that (I) (w	re, oshenia, etc. It mean complication which cause:  ANTECEDENT CAUSE  OR CONDITIONS, if the abave cause (A) the abave cause (A) the abave cause (A) to the abave cause (A) to the abave cause (A) the abave (A) t	s the disease, d deoth.)  S any, giving stating the CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED  21B, home etc. Wh. Wo	G  WHICH OPERATION  PLACE OF INJURY (e.g. ge, form, foctory, street, )  INJURY OCCURRED ite At At Work	20 A. AUTi	DPSY? (Yes or N . WHERE DID URY OCCUR? . HOW DID IN	O) 20B. IF YES, WEIN CERTIFYING  (If in Boltin  JURY OCCUR?	RE FINDINGS CONSIDER CAUSES OF DEATH?  more City, give exact loc
DISEASES rise to UNDERLYI  OTHER SIG TO THE DISEASE DISEASE 194. ACCI OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)  22. I cert that (I) (w and hour 23A. SIGNA	re, oshenia, etc. It mean complication which cause:  ANTECEDENT CAUSE  OR CONDITIONS, if the abave cause (A) the abave cause (A) the abave cause (A) to the abave cause (A) to the abave cause (A) the abave (A) t	s the disease, d deoth.)  S any, giving stating the CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED  21B, home etc. Wh. Wo	GEWHICH OPERATION  PLACE OF INJURY (e.g. ne, form, foctory, street, ne, form, foctory, ne, foctory	20 A. AUTi	DPSY? (Yes or N . WHERE DID URY OCCUR? . HOW DID IN	O) 20B. IF YES, WEIN CERTIFYING  (If in Boltin  JURY OCCUR?	RE FINDINGS CONSIDER CAUSES OF DEATH? more City, give exact loc
DISEASES tise to UNDERLYI  OTHER SIG TO THE DISEASE ( 19A. DATE  21A. ACCI OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)  22. I cert that (I) (w and hour 23A. SIGNA 23C. PHYSI	re, oshenia, etc. It mean complication which cause:  ANTECEDENT CAUSE  OR CONDITIONS, if the abave cause (A) ing CONDITION last.  Il SOLIFICANT CONDITION PARTIES OF CONDITION TO RELEVANT CONDITION TO RELEVANT CONDITION CAUSING OF OPERATION TO PRESENT WAS UNDERLYING THE UNDERLYING CAUSE OF CONDITIONS CONDITIONS (Month) (Day) (Year conditions of the couses statuture causes causes cause causes cau	s the disease, d deoth.)  S any, giving stating the CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED  21B, home etc. Wh. Wo al) attended to seed alive an	GEWHICH OPERATION  PLACE OF INJURY (e.g. ne, form, foctory, street, ne, form, foctory, ne, foctory	20A. AUT  in or about 21C  office bldg., INJ  21F.  (hite   19  ) view the bad	DPSY? (Yes or N . WHERE DID URY OCCUR? . HOW DID IN and to the second of	O) 20B. IF YES, WEI IN CERTIFYING (If in Boltin Bully) (If in Boltin Bul	RE FINDINGS CONSIDER CAUSES OF DEATH? more City, give exact loc
DISEASES fise to UNDERLYI  OTHER SIG TO THE DISEASE ( 19A. DATE  21A. ACCI OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)  22. I cert that (I) (w and hour 23A. SIGNA 23C. PHYSH. NAMI	re, oshenia, etc. It mean complication which cause:  ANTECEDENT CAUSE  OR CONDITIONS, if the abave cause (A) the abave cause of the abave cause (A) the abave cause (A	s the disease, d deoth.)  S any, giving stating the  CONTRIBUTING ATED TO TH IT.  NDITION FOR V RFORMED  21B. hom etc.;  ) (Houd 21E. Wh wo al) attended to sed alive an ated above. (I	DUE 10  (C)  G WHICH OPERATION  PLACE OF INJURY (e.g. ge, form, foctory, street, or the first of the control of	20 A. AUTi office bldg., INJ 21 F. white 19 19 19 19 23 D. ADDRESS	DPSY? (Yes or N . WHERE DID URY OCCUR? . HOW DID IN and to y after death.  Med. Director	O) 20B. IF YES, WEIN CERTIFYING (If in Boltin  JURY OCCUR?  19ta  and in (my) (our) of the control of	RE FINDINGS CONSIDER CAUSES OF DEATH?  more City, give exact loc  apinian death accurre
DISEASES tise to UNDERLYI  OTHER SIG TO THE DISEASE ( 19A. DATE  21A. ACCI OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)  22. I cert that (I) (w and hour 23A. SIGNA 23C. PHYSIC NAMI Char.	re, oshenia, etc. It mean complication which cause:  ANTECEDENT CAUSE  OR CONDITIONS, if the abave cause (A) the abave cause of the abave	s the disease, d deoth.)  S  any, giving stating the  CONTRIBUTING ATED TO TH  IT.  NDITION FOR V RFORMED  21B, hom etc.;  Wh Wo al) attended to seed alive an ated above. (I	DUE 10  (C)  G  E  WHICH OPERATION  PLACE OF INJURY (e.g. re, form, foctory, street, or the foctory of the f	20 A. AUTi office bldg., INJ 21 F. while 19 19 19 19 view the bad Attending 23D. ADDRESS D. 2900	DPSY? (Yes or N . WHERE DID URY OCCUR? . HOW DID IN . and to the death Med. Director	O) 20B. IF YES, WEIN CERTIFYING  (If in Boltin  JURY OCCUR?  19ta  and in(my) (our) of  Stoff Phys	RE FINDINGS CONSIDER CAUSES OF DEATH?  more City, give exact loc apinian death accurre
DISEASES rise to UNDERLYI  OTHER SIG TO THE DISEASE CORRECTION 21A. ACCI OR CONTR DEATH (no 21D. TIME (APPROX.)  22. I cert that (I) (w and hour 23A. SIGNA (Char.)  24A. BURIAL C REMOVA	re, osthenia, etc. It mean complication which causes ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION last.    Condition last.   Condition	s the disease, d deoth.)  S any, giving stating the contribution of the contribution for the contribution for the contribution of the contribution	DUE 10  (C)  G  WHICH OPERATION  PLACE OF INJURY (e.g. and the property of the	20 A. AUT.  office bldg., INJ  21 F.  (hite	DPSY? (Yes or N  . WHERE DID URY OCCUR?  . HOW DID IN  and t y after death.  Med. Director  E. Balti 240.	O) 20B. IF YES, WEIN CERTIFYING  (If in Boltin  JURY OCCUR?  19 ta	RE FINDINGS CONSIDER CAUSES OF DEATH?  more City, give exact loc  apinian death accurre  23 R. DATE SIGNED  (City, town, or county)
DISEASES rise to UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE  21A. ACCI OR CONTR DEATH (no 21D. TIME (APPROX.)  22. I cert that (I) (w and hour 23A. SIGNA Char: 24A. BURIAL C REMOVA Cremat	re, osthenia, etc. It mean complication which causes ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION last.    Condition last.   Condition	s the disease, d deoth.)  S  any, giving stating the  CONTRIBUTING ATED TO TH  IT.  NDITION FOR V  REFORMED  21B. hom etc. Wh  Wo  at) attended to seed alive an ated above. (I)  M.D.  24C. N.  6 Gre	DUE 10  (C)  G  E  WHICH OPERATION  PLACE OF INJURY (e.g. re, form, foctory, street, or the foctory of the f	20A. AUTI Lin in or about 21C office bldg., INJ 21F. This 21F. This 22F. 23D. ADDRESS 23D. ADDRESS D. 2900 CREMATORY Latory	DPSY? (Yes or N  . WHERE DID URY OCCUR?  . HOW DID IN  and t y after death.  Med. Director  E. Balti 240.	O) 20B. IF YES, WEI IN CERTIFYING (If in Boltin URY OCCUR?  19tatatatatin(my) (our) of the county of t	RE FINDINGS CONSIDER CAUSES OF DEATH?  more City, give exact loc  apinian death accurre  23 R. DATE SIGNED  (City, town, or county)

The second of the state of the second the Control County of the County of



IMPORTANT

FUNERAL DIRECTOR:

WILL IN FREST SE

Shower from the man

Wim Mc Carner Mar From :

16 - Secretary Ha Frence & Cles or the

AND STATE OF THE CAME USE SALES WAS

M.E CASE NO	0.								
1. NAME OF (Type or Print)	DECEASED					OUR PRONOUNCE			
		GEORGE	DALEY			r 27, 1966		10:4	5 P <sub>M.</sub>
3. PLACE IN E	BALTIMORE, MARYL	AND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDI	ENCE (Where dec	eosed lived. If instit	tution: reside NTY	ence before	odmission)
FULL NAME (	OF (IF NOT IN	HOSPITAL OR INSTIT	UTION, GIVE STREET		aryland		511541		
NSTITUTION	ADDRESS C	R LOCATION)		C. CITY OR TOW	/N lit outside co	orporate limits, write	KURAL on	d give towns	hip)
					altimore	16	-1	2	
00	1301 Harls	m Avenue		D. STREET ADDR	ess (If rurol, give 301 Harle				
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Und	er 24 Hrs.
Male	Negro	1	DIVORCED(specify)	6/10/11		55	Months, I	Doys Hours	Min.
	CCUPATION (Give kind of working life, even in		F BUSINESS OR INDUSTR				12. CITIZE	SOUNTRY?	
Lab	orer				ster Vi	rginia	U	SA	
3. FATHER'S	NAME			14. MOTHER'S MA	AIDEN NAME				
Wil	lie B Bo	othe		Corde	lia Boot	the			
	ASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1		ADDRESS	X	
no	over, ar yes, give we	or goles of services	212-22-2588	Mr Loui	s Booth	e 431 Li	ncoln	Rd N	Y, 1
18. 4	221			OF DEATH				INTERVAL B	
DIS	SEASE OR CONDIT	ION DIRECTLY	Arter	ciosclerot:	ic Cardi	ovascular			
(This do	LEADING TO	mode of dying, e.g.,	(A)		******************************	disease			
heort foi	lure, osthenio, etc. r complication which	It meons the discose,	DOE 10						
	Comprision which	coused decina							
	ANTECEDENT		( <b>P</b> )						
DISEAS	ES OR CONDITION	NS, IF ANY, GIVING	DUE TO						
UNDER	LYING CONDITION	LAST.							
ŏ			(C)						
OTHER TO THE DISEASE	II SIGNIFICANT CONF	DITIONS CONTRIBUTI	No						
O TO TH	HE DEATH BUT I	NOT RELATED TO 1							
DISEAS	E OR CONDITION C	PB. CONDITION FOR	WHICH OPENATION	LOOA ALITOROVA	(V N.) 1000	LE VEC MEDE FIN	DINGS 60	ALCID FRED	
S I'A. DAIL		VAS PERFORMED	WHICH OPERATION			. IF YES, WERE FIN CERTIFYING CAUS			
. 0	RNAL CAUSE WAS	210	DI ACE OF INITIDY (	No	HERE DID (II :-	D. L.C		- A* N	
UNDERLYIN	NG OR CONTRIB-	home	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJURY	OCCUR?	on more City, giv	e exoct loc	otion)	
DING OF	CAUSE OF DEATH.	etc.)							
21 D TIME		Yeor) (Hour)	TE. INJURY OCCURRED	21 F. HO	W DID INJURY	OCCUR?			
(APPROX.)		m \	WHILE AT NOT	WHILE					
22.	4-7 10 1 1 1 1 1		1 (37)						
	certify that I held	on Inquiry	+Inspection X Au	topsy ond	that on this b	osis, deoth in m	y opinion		
re	sulted from: Not	urol causes X	Accident Suicid	e Homicia	de Und	etermined monne	r		
	01	10	P . 1	CHIEF ME	DICAL EXAM	INER 🗌		DATE OF	
ACT		and J.	La sal wa	ASSISTANT ME	DICAL EXAM	INER X		DATE SI	GNED
	MINER'S Che	rloc S Spr	ingate, M.D.	ASSOCIATE MI			vember	r 28, 1	1966
	E (Type)	rries o. ohr	ingate, M.D.	ADDOCK I E III	DIONE ENAM				
REMONAL IS		DATE 23	Bethel Bapt	ist Cemet	23D. LOCA	oucester	Va.	ounty)	(Stote)
24A. DATE RE	C'D BY HEALTH DE	PT.   248. NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		AI	DRESS	
		1966, Robin	8- 8 Fr. O. M.	11 176					
	DEC Y	المرفيال أمورة	S. C.	Adolph	nus Hals	tead 1206	W No	rth Ave	9,
					4				

Tabores Cordnia Boothe All Linera Bulk

B light of the later to call the

10.11

.d. H , attended . Street and

surial 12/5/66 Bethel Baptist Country Cloudester Th.

## L-200 BIRTH NO. 12028 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12028

BIRTH NO.	CALEX	AMIINER 3 C	EKTIFIC	ATE OF	DEATH	registered in	0
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE AN		NOUNCED DE	
Jar						./25/66	1:50 p.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	residence (Where Maryland	deceosed live	d. If institution: B. COUNTY	residence before odmiss
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET			le corporate lim	its, write BUR/	L ond give township)
INSTITUTION	CHOIN,			Baltimor		14-1	7-2
30			D. STREET	ADDRESS (If gurol		-	
Provident Ho	ospital						
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF	621 Mosh	19. AGE (I		nder 1 Yr. If Under 24
male colored		OIVORCED(specify)	22/	00/24	lost birthd	6y) 47 Mon	ths Doys Hours M
IDA. USUAL OCCUPATION (Give kind of work	Marri			30/18	on country)		TIZEN OF
done during most of working life, even if retired)	NIND OF	POSINESS OK INDOSIK	III. BIKITITEA	CE (Stole of loter)	gn country)	12. V	VHAT COUNTRY?
13. FATHER'S NAME			Lisbo	nPortugal			
			14. MOTHER	S MAIDEN NAM	E		
ohn Neal Lewis					ewis		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dote		16, SO CIAL SECURITY NO.	17. INFORMA	NT		ADD	RESS
?			Mrs	Darlene	Lewis	621 W	Mosher S
1B. 44 0 1 V		CAUSE	OF DEATH				INTERVAL BETWEE
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SI UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	CONTRIBUTING THE	Fatty		cion of la	20B. IF YES,		
			1	tial		G CAUSES OF	
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH,	21B. Phome, etc.)	LACE OF INJURY (e.g., form, foctory, street,	office bldg., IN	JURY OCCUR?	(If in Boltimore	City, give exc	oct location)
21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)		AT M	WHILE	F. HOW DID INJ	URY OCCUR?		4
22. I certify that I held on I	nquiry 🗌		rtial	ond that on th	is bosis, de	ath in my opi	nion
resulted from: Notural co	uses X A	ccident Suicid	e Ho	micide	Undetermine	d monner	
ACTUAL SIGNATURE	24.	= )_	CHIE	F MEDICAL EX	XAMINER [		DATE SIGNE
EXAMINER'S NAME (Type) Werner U	J. Spitz	M.D.		E MEDICAL E			11/26/66
23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	230	NAME OF CEMETERY	CREMATOR	Y 23 D. 1	OCATION	(City, town,	or county) (Stote)
Burial 12/2/	66 3	(A 0 - 1	0				
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	Cent ry	NERAL DIRECTO	A A C	ounty 1	d ADDRESS
DEC 1 1966	Robert	E. Faller			<b>Malstead</b>		W North A
VS 151-REV. 1/1/65	7-9-	000	2 0	0-1	Q .		

8/35/18

Interportural

Mrs Daidens Levis 621 ...

12/2/64 "The Colvery Code to A A Ma

Darrelal

	NAME OF DE	CEASED	-				Jr.	2. DATE AN	D HOUR PRONO	UNCED DEA	D	
li i	pe or ennir		LONNIE		LESES	SNE LE	SESANE	11	-28-66		7:45	PM.
3. F	LACE IN BAI	LTIMORE, MARYL	AND, WHER	E PRONOL	INCED DEAD		STATE		deceased lived. I B.	If institution: re	esidence before o	dmi s sio n)
FUI	L NAME OF	(IF NOT IN	HOSPITAL O	OR INSTITU	TION, GIVE ST	REET	Maryl		e corporate limits,	, write RURAL	and give townsh	ip)
11	Blok	FICAT	E A	ME	NDEL		Balti	more			20-	02
		UTHERAN	HOSPITA	L	12	-20600		DRESS (If rurol,		- 10		
	70	1/ 0 0 0 0	17	A A A DOLLAR	ALELIER AAARDIE		2417	Lauretta		21223	der 1 Yr. If Unde	24 Hrs
5. 5		6. RACE			NEVER MARRIE		a ho	- 16PA	9. AGE (In y lost birthdoy)	Month	Doys Hours	
	lale	Colored	ind of work 108	KIND OF	BUSINESSIORI	NDUSTRY 11	. BIRTHPLAC	E (State or foreign	n country)	12. <b>C</b> I1	TIZEN OF	
		f working life, even		54	dent		Ralb	MI			HAT COUNTRY?	4.
13.	FATHER'S NA	ME		-4-		14	MOTHER'S	MAIDEN NAM	E		V/ 2//	
	Long	The his	eses.	Ane		-	Thee	17 6	amble	_		
		SED EVER IN U.S			16. SO CIAL SECURITY N		. INFORM AN	1		ADDR	ESS	
	- 611		100			1	hs. The	ON LCS.	espine	24	17 Lan	Re HA
	1B. 9	83X				CAUSE O	F DEATH				ONSET AND	
	DISE	ASE OR CONDI		TLY		Crar	niocere	bral inj	1127			
	(This does	not mean the	mode of dyi	ing, e.g.,	(A) DUE 1		HOCCIC	DIGI III	U.I. y			•••••••
	injury or c	omplication which	n coused deat	h.)								
		ANTECEDENT	CALISES									
	DISEASES			GIVING	(B)	TO		******			••••	
	RISE TO T	OR CONDITION OF CAU	NS, IF ANY,		(B)	то	•••••	***************************************				
NO	RISE TO T	OR CONDITION OF CAU	NS, IF ANY,		(B) DUE	то						
ATION	RISE TO T UNDERLY	OR CONDITION HE ABOVE CAU ING CONDITION II GNIFICANT CON	ONS, IF ANY, ISE (A) STATION LAST.	NG THE	(C)	ТО						
IFICATION	OTHER SI	OR CONDITION OF CONDITION	ONS, IF ANY, ISE (A) STATI IN LAST.	NG THE	(C)	ТО						
ERTIFI	OTHER SI	OR CONDITION HE ABOVE CAU ING CONDITION  II  GNIFICANT CON DEATH BUT OR CONDITION OF OPERATION	NS, IF ANY, ISE (A) STATI IN LAST. IDITIONS CO NOT RELAT CAUSING IT.	NTRIBUTII ED TO T	(C) N <b>G</b> HE		20A. AUTO	PSY? (Yes or No)	20B. IF YES, WE	ERE FINDINGS CAUSES OF	S CON SIDERED DEATH?	
Ü.	OTHER SITO THE DISEASE OF THE DISEAS	OR CONDITION HE ABOVE CAU ING CONDITION II GNIFICANT CON DEATH BUT OR CONDITION OF OPERATION	NS, IF ANY, ISE (A) STATI IN LAST.  HOITIONS CO NOT RELAT CAUSING IT. 19B. CONDIT WAS PERFOR	NTRIBUTII ED TO T  ION FOR MED	(C) NG HE WHICH OPERAT	ION	Yes	WHERE DID	(If in Baltimare C	Yes	t location)	
AL CERTIFI	OTHER SITO THE DISEASE TO THE DISEASE TO ATE CONTROL THE DISEASE TO A DATE CONTROL THE DISEASE TO A DATE OF THE DISEASE TO A DISEASE TO	OR CONDITION HE ABOVE CAU ING CONDITION  II  GNIFICANT CON DEATH BUT OR CONDITION OF OPERATION	NS, IF ANY, ISE (A) STATI N LAST.  HOITIONS CO NOT RELAT CAUSING IT. 19B. CONDIT WAS PERFOR	NTRIBUTII ED TO T  ION FOR MED	(C) NG HE WHICH OPERAT	ION	Yes	, WHERE DID JRY OCCUR?	(If in Boltimore C Pulaski S	Yes ity, give exoc	DEATH?  I location)  GWynn F	alls AV
ERTIFI	OTHER SITO THE DISEASE TO A DATE OF THE DISEASE TO A DATE OF THE DISEASE TO A DATE OF THE DISEASE THE	OR CONDITION HE ABOVE CAU HING CONDITION  II  GNIFICANT CON DEATH BUT OR CONDITION OF OPERATION  AL CAUSE WAS	NS, IF ANY, ISE (A) STATI N LAST.  HOITIONS CO NOT RELAT CAUSING IT. 1798. CONDIT WAS PERFOR	NTRIBUTII ED TO T ION FOR MED  218. home	(C) NG HE WHICH OPERAT	JRY (e.g., in street, office	Yes	, WHERE DID JRY OCCUR?	(If in Baltimare C	Yes ity, give exoc	DEATH?  I location)  GWynn F	alls AV
EDICAL CERTIFI	OTHER SITO THE DISEASE  19A. DATE CO.  21A. EXTERN UNDERLYNC UTING CA.	GOR CONDITION HE ABOVE CAU ING CONDITION  II GNIFICANT CON DEATH BUT OR CONDITION OF OPERATION  AL CAUSE WAS ON CONTRIB- USE OF DEATH.  (Month) (Do	NS, IF ANY, ISE (A) STATI N LAST.  ADITIONS CO NOT RELAT CAUSING IT.  198. CONDIT WAS PERFOR	NTRIBUTII ED TO T  ION FOR MED  21B. home etc.)	WHICH OPERAT  PLACE OF INJU , form, foctory, School	JRY (e.g., in street, office) 1 CURRED	Yes or obout 21C bldg, INJU 3r 21F.	WHERE DID JRY OCCUR?  d floor How did inj	Of Dougla	CAUSES OF Yes City, give exoc Street ( As High	of locotion)  Grant Gran	alls AV
EDICAL CERTIFI	OTHER SITO THE DISEASE  19A. DATE CONTINUE CONTINUE CONTINUE CARPORD.	OR CONDITION OF OPERATION (Month) (Do 11 2)	NS, IF ANY, ISE (A) STATI N LAST.  IDITIONS CO NOT RELAT CAUSING IT.  179B. CONDIT WAS PERFOR	NTRIBUTII ED TO T  ION FOR MED  218. home etc.)  (H30) 2	PLACE OF INJURY OCHE	JRY (e.g., in street, office D1 CURRED NOT WHAT WOR	Yes or obout 21 Come bldg, INJU 3r 21F.	where DID pry occur? d floor how DID INJ	(If in Boltimore C Pulaski S of Dougla uny occur?	causes of Yes Sity, give exoc Street ( as High	DEATH?    locotion)   GWynn F   School	alls AV
EDICAL CERTIFI	OTHER SITO THE DISEASE TO THE DISEAS	GOR CONDITION III GONFICANT CONDEATH BUT OR CONDITION OF OPERATION (Month) (Do 11 2) Control (Month) (Do 11 2) Contribution (Month) (M	NS, IF ANY, ISE (A) STATI N LAST.  ADITIONS CO NOT RELAT CAUSING IT. 19B. CONDIT WAS PERFOR	NG THE  NTRIBUTII ED TO T  ION FOR MED  218. home etc.  (Hay)  2 PM m.	WHICH OPERAT  PLACE OF INJU , form, foctory, School TIE. INJURY OC WHILE AT INSPECTION	JRY (e.g., in street, office) O1 CURRED NOT WHAT WOR	Yes or obout 21C bidg, NIJU 3r 21F.	where DID or occur?  d floor how DID INJI	of Dougla ury occur?	Yes  ity, give exoc  itreet (  as High  ercation  h in my opin	DEATH?    locotion)   GWynn F   School	alls AV
EDICAL CERTIFI	OTHER SITO THE DISEASE TO THE DISEAS	OR CONDITION OF OPERATION (Month) (Do 11 2)	NS, IF ANY, ISE (A) STATI N LAST.  ADITIONS CO NOT RELAT CAUSING IT. 19B. CONDIT WAS PERFOR	NG THE  NTRIBUTII ED TO T  ION FOR MED  218. home etc.  (Hay)  2 PM m.	PLACE OF INJURY OCHE	JRY (e.g., in street, office D1 CURRED NOT WHAT WOR	Yes or obout 21C bidg, INJU 21F. 21F. KK X S osy X	where DID DRY OCCUR?  d floor How DID INJI  truck du and that on th	(If in Boltimore C Pulaski S of Dougla ury occur?  ring alteris basis, death Undetermined r	Yes  ity, give exoc  itreet (  as High  ercation  h in my opin	DEATH?  It locotion)  GWynn F  School	
EDICAL CERTIFI	OTHER SITO THE DISEASE TO THE DISEAS	OR CONDITION III GNIFICANT CONDEATH BUT OR CONDITION OF OPERATION (Month) (Do 11 2) Priffy that I held ulted from: No	NS, IF ANY, ISE (A) STATI N LAST.  ADITIONS CO NOT RELAT CAUSING IT. 19B. CONDIT WAS PERFOR	NG THE  NTRIBUTII ED TO T  ION FOR MED  218. home etc.  (Hay)  2 PM m.	WHICH OPERAT  PLACE OF INJU , form, foctory, School TIE. INJURY OC WHILE AT INSPECTION	JRY (e.g., in street, office of the street) of the street	Yes or obout 21C bldg, INJU 3r 21F. HLE X S osy X Hom CHIEF	where DID JRY OCCUR?  d floor How DID INJ  truck du and that on the leide XX  MEDICAL EX	IN CERTIFYING  (If in Boltimore C Pulaski S of Dougla URY OCCUR?  ring alter his basis, deoth Undetermined of XAMINER	Yes  ity, give exoc  itreet (  as High  ercation  h in my opin	DEATH?    locotion)   GWynn F   School	
EDICAL CERTIFI	OTHER SITO THE DISEASE TO THE DISEAS	OR CONDITION III GNIFICANT CONDEATH BUT OR CONDITION OF OPERATION (Month) (Do 11 2) Priffy that I held ulted from: No	ADITIONS CONTRIBUTIONS CONTRIB	NTRIBUTII ED TO T  ION FOR home etc.)  (Haya)  2  PM m.	WHICH OPERAT  PLACE OF INJU , form, foctory, School TE. INJURY OC WHILE AT VORK  Inspection	JRY (e.g., in street, office of 1 CURRED NOT WHAT WOR Autop Suicide	Yes or obout 21C bldg., INJU 3r 21F. 21F. CHILE X S osy X G CHIEF SSSISTANT	where DID JRY OCCUR?  d floor How DID INJ  truck du and that on the leide XX  MEDICAL EX	IN CERTIFYING  (If in Boltimore C Pulaski S of Dougla URY occur?  ring alteris basis, deoth Undetermined of XAMINER XX	Yes  ity, give exoc  itreet (  as High  ercation  h in my opin	DEATH?  It locotion)  GWynn F  School	SNED
MEDICAL CERTIFI	OTHER SITO TUNDERLY  OTHER SITO THE DISEASE  19A. DATE CONTROL TIME  21A. EXTERN UNDERLYNC UTING CA  21D TIME OF INJURY (APPROX.)  22. I ce ress  ACTU, SIGNA EXAMINAME	OR CONDITION HE ABOVE CAU ING CONDITION  II GNIFICANT CON DEATH BUT OR CONDITION OF OPERATION  AL CAUSE WAS SEOR CONTRIB- USE OF DEATH.  (Month) (Do  11 2  Priffy that I hele ulted from: No  AL TURE INER'S (Type)	NS, IF ANY, ISE (A) STATIN LAST.  IDITIONS CONOT RELAT CAUSING IT.  1798. CONDIT WAS PERFOR  18 166  Id on Inquistural couse  WERNER	NTRIBUTIII ED TO T  ION FOR MED  218. home etc.)  PM m.)  irry  U. S.	PLACE OF INJURY OC WHILE AT NORK Inspection Accident	JRY (e.g., in street, office of the street) of the street	Yes or obout 21C bldg, INJU 21F. 21F. 21F. CHIEF CSSISTANT ASSOCIATE	where DID JRY OCCUR?  d floor How DID INJ  truck du and that on th licide XX  MEDICAL EX  MEDICAL EX	IN CERTIFYING  (If in Boltimore C Pulaski S of Dougla URY occur?  ring alteris basis, deoth Undetermined of XAMINER XX XAMINER XX XAMINER	CAUSES OF YES YES Street ( as High ercation h in my opin	DEATH?  I locotion)  CWynn F  School  DATE SIG	GNED
MEDICAL CERTIFI	OTHER SITO TUNDERLY  OTHER SITO THE DISEASE  19A. DATE CONTROL TIME  21A. EXTERN UNDERLYNC UTING CA  21D TIME OF INJURY (APPROX.)  22. I ce ress  ACTU, SIGNA EXAMI	GOR CONDITION HE ABOVE CAU ING CONDITION DEATH BUT OR CONDITION OF OPERATION  AL CAUSE WAS SHOR CONTRIB- USE OF DEATH.  (Month) (Do attrify that I hele ulted from: No AL TURE INER'S (Type) REMATION, 23B,	ADITIONS CONTRIBUTIONS CONTRIB	NTRIBUTIII ED TO T  ION FOR MED  218. home etc.)  PM m.)  irry  U. S.	WHICH OPERAT  PLACE OF INJU , form, foctory, School TE. INJURY OC WHILE AT VORK  Inspection	JRY (e.g., in street, office of the street) of the street	Yes or obout 21C bldg, INJU 21F. 21F. 21F. CHIEF CSSISTANT ASSOCIATE	where DID JRY OCCUR?  d floor How DID INJ  truck du and that on th licide XX  MEDICAL EX  MEDICAL EX	IN CERTIFYING  (If in Boltimore C Pulaski S of Dougla URY occur?  ring alteris basis, deoth Undetermined of XAMINER XX	Yes  ity, give exoc  itreet (  as High  ercation  h in my opin	DEATH?  I locotion)  CWynn F  School  DATE SIG	SNED
MEDICAL CERTIFI	OTHER SITO THE DISEASE 19A. DATE CONTING CARDINARY (APPROX.)  21 A. EXTERN UNDERLYING UTING CARDINARY (APPROX.)  22. I ce resultation of the continuation of the conti	GOR CONDITION HE ABOVE CAU ING CONDITION HE ABOVE CAU ING CONDITION  GOR CONDITION HE ABOVE CAU HE ABOVE CAU HE ABOVE CAU HE GONDITION HE ALL CAUSE WAS HE CONDITION HE ALL CAUSE WAS HE CAUSE WA	ADITIONS CONTRIBUTIONS CONTRIB	NTRIBUTIII ED TO T  ION FOR home etc.)  (Hayu) 2  PM m.)  III S  23	WHICH OPERAT  PLACE OF INJURY OC  WHILE AT  Inspection  C. NAME of CE  WE SAME of CE	JRY (e.g., in street, office of the street) of the street	Yes or obout 21C to bidg, INJU 21F.  3r 21F.  HILE X S OSY X  CHIEF ASSISTANT ASSOCIATE CREMATORY	where DID JRY OCCUR?  d floor How DID INJ  truck du and that on th icide XX  MEDICAL EX  M	IN CERTIFYING  (If in Boltimore C Pulaski S of Dougla URY OCCUR?  ring alteris basis, death Undetermined in XAMINER XX XAMINER XX XAMINER XX XAMINER XX	CAUSES OF YES YES Street ( as High ercation h in my opin	DEATH?  It location)  GWynn F School  DATE SIGN  11-29-  or county)	GNED
MEDICAL CERTIFI	OTHER SITO THE DISEASE 19A. DATE CONTING CARDINARY (APPROX.)  21 A. EXTERN UNDERLYING UTING CARDINARY (APPROX.)  22. I ce resultation of the continuation of the conti	GOR CONDITION HE ABOVE CAU ING CONDITION DEATH BUT OR CONDITION OF OPERATION  AL CAUSE WAS SHOR CONTRIB- USE OF DEATH.  (Month) (Do attrify that I hele ulted from: No AL TURE INER'S (Type) REMATION, 23B,	ADITIONS CONTRIBUTIONS CONTRIB	NTRIBUTIII ED TO T  ION FOR MED  218. home etc.)  PM m.)  irry  U. S.	WHICH OPERAT  PLACE OF INJURY OC  WHILE AT  Inspection  C. NAME of CE  WE SAME of CE	JRY (e.g., in street, office of the street) of the street	Yes or obout 21C to bidg, INJU 21F.  3r 21F.  HILE X S OSY X  CHIEF ASSISTANT ASSOCIATE CREMATORY	where DID JRY OCCUR?  d floor How DID INJ  truck du and that on th licide XX  MEDICAL EX  MEDICAL EX	IN CERTIFYING  (If in Boltimore C Pulaski S of Dougla URY OCCUR?  ring alteris basis, death Undetermined in XAMINER XX XAMINER XX XAMINER XX XAMINER XX	CAUSES OF YES YES Street ( as High ercation h in my opin	DEATH?  I locotion)  CWynn F  School  DATE SIG	GNED

12/20/66 - Birth certificate for Lonnie Lesesane, Jr. Born: 8/23/50. Cert. #50-18131

1 Starter

hospital

death

IMPORTANT

DIRECTOR:

FUNERAL

approved

Letter from University Hospital 2-9-67 M.H.

VS 151-REV. 1/1/65

66 12031

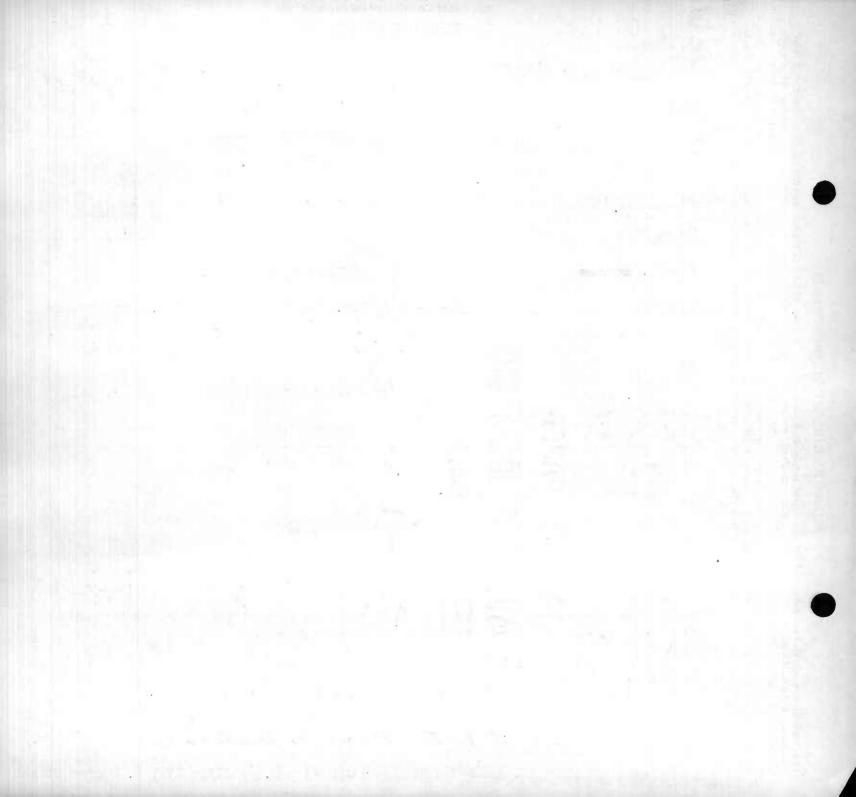
BALTIMORE CITY HEALTH DEPARTMENT

AMEDICAL EXAMINED'S CEDITIFICATE OF DEATH R

66 12031

K-245

BIRTH NO.	MED	ICAL EX	KAMINER 5 CI	EKTIFICAT	E OF DE	AIH Registe	red No.	2.000
M.E. CASE NO.								
1. NAME OF DEC	CEASED				2. DATE AND H	OUR PRONOUNCE	D DEAD	
	JOHN	3.	KIESLING	G	Novemb	er 29, 19	966   6	6.45 P M.
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where dec	eosed lived. If insti B. COU	tution: residence	before admission
FULL NAME OF	HE NOT IN HOSPIT	AL OF INSTIT	UTION, GIVE STREET	Mar	yland			
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	OHOIT, OFTE STREET	C. CITY OR TOW	N (If outside co	rporote limits, write	RURAL ond giv	e township)
				Bal	timore	1-	04	
0000	N. Exeter Str	eet		D. STREET ADDRE	SS (If rurol, give	e location)		
00				2240 Can	bridge S	treet		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		If Under 24 Hrs.
Male	White	Sing.		Feb. 21.		54	77.011.113	110013
			F BUSINESS OR INDUSTRY			untry)	12. CITIZEN OI	
Retired	working life, even if retired)	Longe	one Man	Baltimore	Mamila	nd	WHAT CO	UNTRY?
3. FATHER'S NAM	A E	Pougsi	nore Man	14. MOTHER'S MA	IDEN NAME	ind		
	Julius Kie	eling		Many V	noomant			
	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	resmant		ADDRESS	
	(If yes, give wor or dote		SECURITY NO.					
Yes	3-31-42 1-1	19-46	212-09-4954	Louis Ki	esling	2240 Cam	bridge St	treet
1B. 3	15 X		CAUSE	OF DEATH				RVAL BETWEEN ET AND DEATH
DISEAS	SE OR CONDITION DI	RECTLY						
(This door s	LEADING TO DEATH		(A) Chron:	ic Pneumon	itis.			
heort tailure,	osthenio, etc. It meons	the disease,	DUE TO					
Injuly of col	mplication which coused	geom./						
	NTECEDENT CAUSE		(8)					
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO					
UNDERLYIN	IG CONDITION LAST.	IN III O THE						
Z			(C)					
OTHER SIGN TO THE DISEASE OF	II	CONTRIBUTIO	NC					
O THE	NIFICANT CONDITIONS DEATH BUT NOT REI						100	
DISEASE OF	R CONDITION CAUSING							
DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY?		IF YES, WERE FIN		DERFD
	L CAUSE WAS	1010	DI A 65 05 INI III 6	Yes				Yes
O UNDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., i , form, foctory, street, o		OCCUR?	Boltimore City, giv	e exoct location	)
O UTING L CAU	SE OF DEATH.	etc.)						
21D TIME OF INJURY	(Month) (Doy) (Year	) (Hour) 2	TE. INJURY OCCURRED	21 F. HO	W DID INJURY	O CCUR?		
(APPROX.)			WHILE AT NOT V	WHILE				
22.		m. \	WORK L AT WO	ORK				
I cert	ify that I held on I	nquiry	Inspection Auto	opsy X ond	that on this b	osis, deoth in m	y opinion	
result	ted from: Notural con	uses X	Accident Suicide	Homicide	e Unde	termined monne	er 🗌	
			//_	CHIEF ME	DICAL EXAM	INER		
ACTUAL		eles 5	Leser 40	ASSISTANT ME			DA	TE SIGNED
SIGNATI		·	M.D.				11/	30/66
EXAMIN NAME (1	. 01 1	S. Pet	tv	ASSOCIATE ME	DICAL EXAM	INEK	7.1	33700
23A. BURIAL CREA	MATION, 23B. DATE		C. NAME of CEMETERY of	CREMATORY	23 D. LOCA	TION (City,	town, or county)	(Stote)
REMOVAL (Specify	)						, , , , , , , , , , , , , , , , , , , ,	
Burial	12-3-1		Schwartz		Balti	more, Mary	rland	
Z4A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR		ADDRE	55
	DEC 1 1966	Report	& E. Jackertha	Lilly &	Zeiler :	Inc. 1901	L-07 East	ern Ave.



Romal Pland a Romal 1871-Browleymic C. OVA 11 W PE 29 Mes 12600 CC Della A Roman 24/10-11/26

0 00 1000	BALTIMORE CITY	HEALTH DEPARTMENT		66 12034
BIRTH NO. 66 12034 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 121.34
1 NAME OF DECEASED LAW	NIXON	2. DATE AND	128 /CC	550
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If instit	lution: residence before admission
FULL NAME OF (II not in hospital or institution, statement of the control of the	give street	C. CITY OR TOWN (III outs	ide city limits, write RUI	RAL and give township)
30 UNIV 1403	P		ural, give location)	18-01
38		806WLe	Lingstons	SR APT. 7.
	NEVER MARRIED DiDIVORCED (specify)	7/3//1902	ost birthdow 64	If Under 1 Yr. If Under 24 His Aonths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF lone during most of working lite, eyen if retired)	BUSINESS OR INDUSTRY	north a	rolina	12. CITIZEN OF WHAT COUNTRY?
Thomas We Cleme	4	14. MOTHERS MAIDEN NAM	NE .	
5. Was Deceased Ever in U. S. Armed Forces?	T 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Hattie Wil	hains 221	oo Booth &
18.26 O X I	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	a Q	SCVD		
(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease,		4	*	
ANTECEDENT CAUSES	(B) A	wheles well	litus	
DISEASES OR CONDITIONS, if any, giving	DUE TO	nyound	age uffare	#
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C) SU	50.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G	0 0	ji	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	_ adim	I apopler.		
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21 B.	ne, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E	ile At Not While	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospital) attended to	he deceosed fram	11/25 1	9 GG 10 11	28 1966
that (I) lost saw the deceased alive on	7		ot in(my) (aur) apini	on death occurred on the do
and haur and from the causes stated abave. (1	(We) (did) (did nat) v	iew the bady ofter death.	2	3B. DATE SIGNED
Dung C. Coli	M.D. Atte		Staff	11 28 66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1 2
	AME OF CEMETERY OF CRE	MATORY 24D.	CATION (City,	town, or county) (State)
Gural 12/3/66 C	arren Mes	n Park Lia	urel -	med.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR	akero	6111 han
DEC 1 1966 (P. 0.3)	E Fr. Cons	1 Charles	Wace	661W/Bar

611010

VS 150-REV. 1/1/65

north Constitute Miss I J. Kommi mil Elle . . . . . . . . . Bering 19 4 20 ch more start from [ " 1966] Charles artes Conomis

IMPORTANT

FUNERAL DIRECTOR:

12 /06 1/24 66 A Robert P. Day le

Maryland Balt, mine Baltimize Union Memorial Hoop to 425 Winsson Aug. 8/20/85 81 Fomale White Wilmed Mary land and sta Joseph Wyntt Annie Dobbin cotion a lation of Chart Crechnol Vacaba hichort Il T, C ST TE PLI

1223

IMPORTANT

DIRECTOR:

FUNERAL

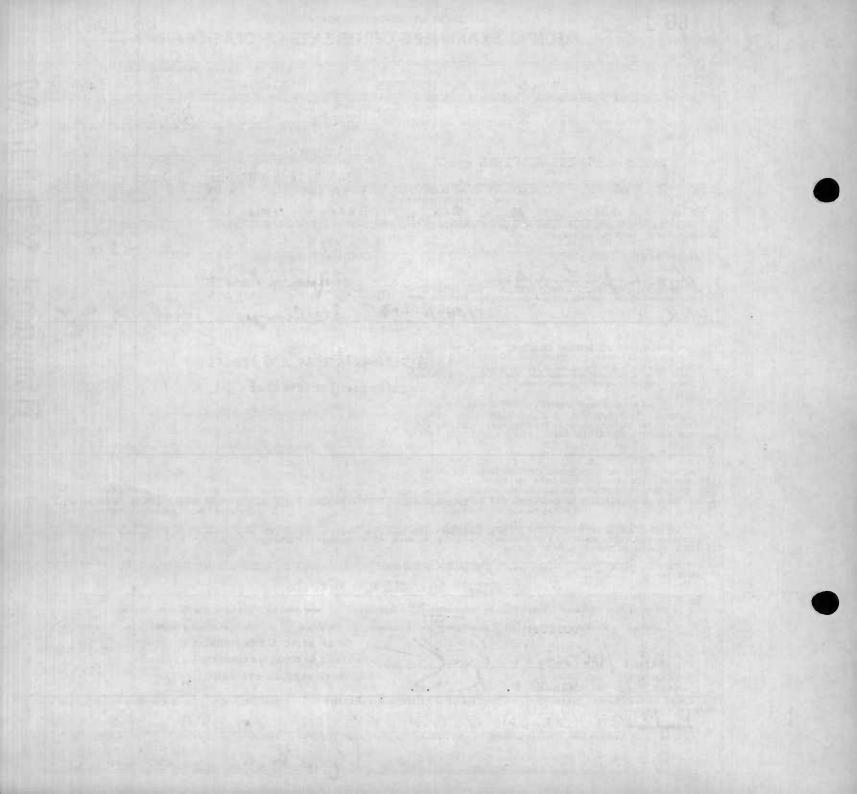


	66 1	2038		BALTIMORE CITY HEAL	TH DEPARTMEN	4T	X	66 1	12038
BIRT	H NO.	MED	CAL EX	KAMINER'S CI	ERTIFICAT	TE OF DI	EATH Register	red Na	2000
M.E	CASE NO.								
1. P	NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
			CHOLAS	GIRARDI		11-29-			3:46 AM ,
3. P	LACE IN BALT	IMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where de	ceosed lived. If insti B. COU	NTY resid	ence before odmissio
HO	L NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Marylan c. city or tov	MN (If outside o	corporate limits, write		d give township)
5	JOH	NS HOSPKINS	HOSPITA	L - DOA	Baltimo D. STREET ADDI	ress (If rurol, gi	ve location)	0	3-00
	<i>f</i> /		104		**	ılaski Hi	<u> </u>	timore	
5. \$		6. RACE	WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months !	1 Yr. If Under 24 H Doys   Hours   Min.
1	lale	White	mere	F BUSINESS OR INDUSTRY	Sept 4	1,1904	62		
done	during most of	JPATION (Give kind of wo working life, even if retired	ork 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)		T COUNTRY?
10.0	ATHER'S NAM				my			U	57
13.1	ATHER'S NAN		n -		14. MOTHER'S M.	AIDEN NAME			
15.3	VAS DECEASE	D EVER IN U.S. ARMI	orden	16. SO CIAL	17 INFORMANT	ia Re	ist	ADDRESS	
		(If yes, give wor or do		SECURITY NO.	7: 11 OK 11 A	- 1	0	7	
0	INK			106-16-2471	El Stor	Blunger	- dock	pert	in it
	1B. 4 4	3 X 1		CAUSE	OF DEATH	0			ONSET AND DEATH
	DISEA	SE OR CONDITION I	DIRECTLY					177	
	(This does	not mean the made	of dying e.g.,	(A) Arteri	ioscleroti	c and hy	pertensive		
	injury or cor	, osthenio, etc. It meo mplication which couse	deoth.)		ovascular	disease			
	Δ	ANTECENDENT CAU	SES	Calak	Vabeatat	arbeabe			
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B) DU€ TO					***************************************
		E ABOVE CAUSE (A)						3333	
Z				(C)					
ERTIFICATION		II NIFICANT CONDITION DEATH BUT NOT F							
H		R CONDITION CAUSIN							
C	0		RFORMED		No	IN	B. IF YES, WERE FIN CERTIFYING CAUS	ES OF DE	ATH?
EDIC	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21 C. W	OCCUR?	in Boltimore City, giv	e exoct lo	cation)
	21D TIME	(Month) (Doy) (Ye	or) (Hour) 2	IE INJURY OCCURRED	21F. HC	OW DID INJURY	OCCUR?		
	(APPROX.)			WHILE AT NOT	WHILE				
	22.	otto should be like a		Inspection XX Aut		J Al- A 41 *-	Laster desalt to a		
						_		-	
	resul	ted fram: Natural c	auses (1	Suicide		de Une EDICAL EXA	determined manne		
	ACTUAL	L 110/2000	1	5-11-					DATE SIGNED
	SIGNAT	URE WELLE	101.0	M.D.	ASSISTANT MI				11-29-66
	EXAMIN NAME (	Type) WER	VER U. S	PITZ, M.D.	ASSOCIATE M	EDICAL EXA	MINEK		
23A				C. NAME of CEMETERY o	CREMATORY	23 D. LOC	ATION (City,	town, or co	ounty) (Stote)
KEA	OVAL (Specific	Sugar 12/	3/66	LOCHPORT	NA	10	- 4000=	1-6	
24A	. DATE REC'D	BY HEALTH DEPT.	/	OF REGISTRAR		AL DIRECTOR	CKPORT	A	DDRESS

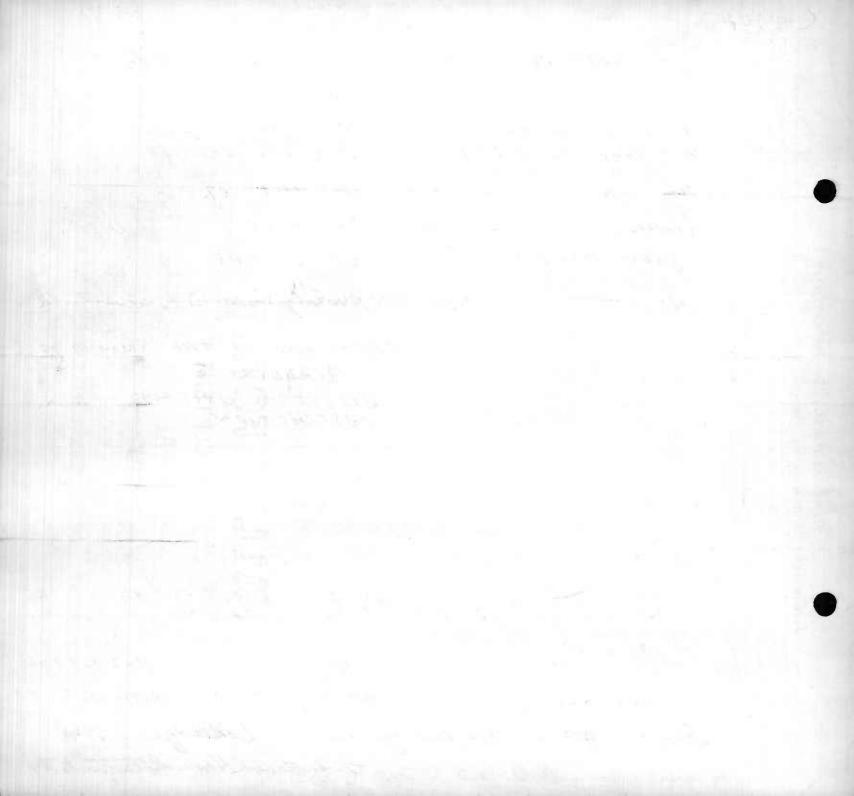
24C, FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/65 1966 10 15 15 15 15 16 M2 of Grandly Sons 300 mare



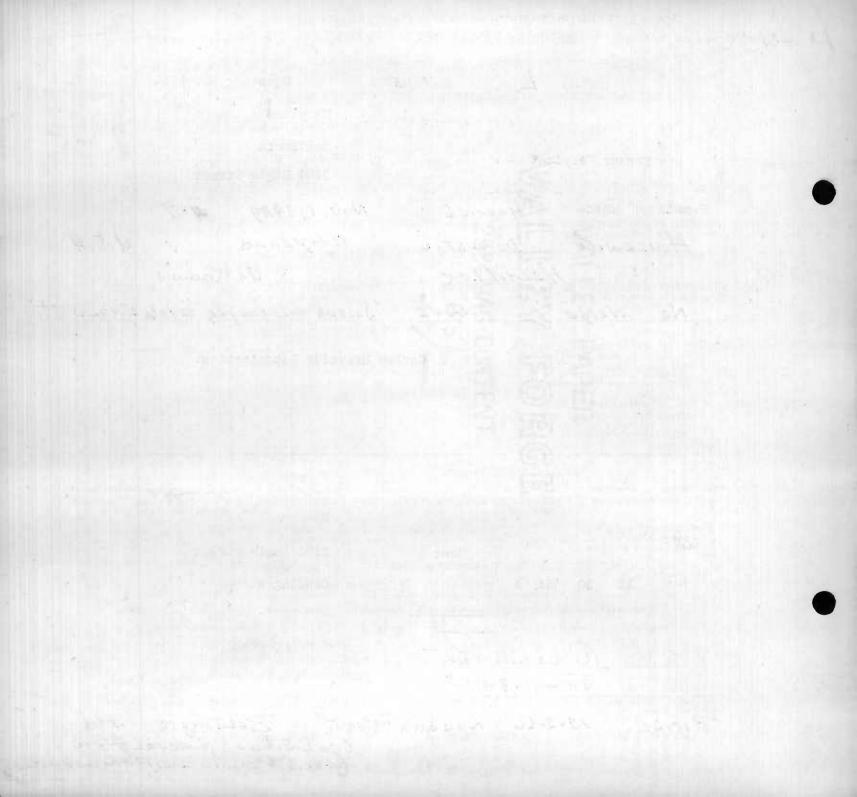
66 12039	BALTIMORE CIT	Y HEALTH DEPARTMENT	6	66 12039
VIE CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	0 12000
NAME OF DECEASED TOHN ME	CONFLIUS	2. DATE AND H	1966 8 P	4
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where de	coosed lived. If institution	n: residence before admissio
FULL NAME OF (If not in hospital or insti	tution, give street	MARYCAND		
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If outside	city limits, write RURAL	ond give township)
1363 FLOWERTON R.	0	BALTIMORE	28-09	<u>K</u>
BACTIMORE, MD. 2	1229	4313 FLOWE	give location) RD.	
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH   9. A	GE (In years If Ur Mont	nder 1 Yr. If Under 24 Hr hs Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B, KI	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign of	ountry) 12, C	TITZEN OF
one during most of working life, even if retired)  ON ANFRER  TR	BHER TRUCK	BALTIMORE		U-SA.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JOHN CONELL	US	WINIFERD E	LECCY	
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown)(If yes, give wor or dotes of se	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no of direction with the yes, give wor or doles of se	SECURITY NO.	4 Mes Evelyn Con	elinis) 4312	Have took
[1B.) / ()		OF DEATH	0 /2/20	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) C	ARCINOMA OF	THE 1	MAY 17 196
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	, e.g., DUE TO	1111111		/ / /
injury ar camplication which caused death.	)	BLADUER	e.	
ANTECEDENT CAUSES	(B)	BILATERAL	HOFFERAC	,
DISEASES OR CONDITIONS, if ony,				
rise to the obave couse (A) stating		OBSTRUCTIO	~	
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDIN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)	t) 21E INJURY OCCURRED  While At Not Wh Work At Work	21 F. HOW DID INJURY	OCCUR?	
22. I certify that (I) (this pospital) atter	nded the deceased from	40y 17. 196	6 to NOV. 2	9 1966
that (I) (1) last sow the deceased aliv		19.6.6 ond that I		-
and haur and from the causes stated ab			T(III) (port opinion o	out accorded on the d
23A. SIGNATORE	ave. (I) (we) (did) (bid hat)	view the bady after death.	23 R F	DATE SIGNED
- Camp & Squy	M.D. At	tending Med. Stof lys. Director Phy	1	-29-1966
23 C. PHYSICIAN'S		23D. ADDRESS		
EMILE KFOURY	M.D	. 100 N. BROADU	VAY BACT	MORE 3! M
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  12 -66	24C. NAME OF CEMETERY OF CI	REMATORY 24D. LOCA	TION (City, town	n, or county) (Stote)
5A. DATE REC'D BY HEALTH DEPT 25B. N	/	25C. FUNERAL DIRECTOR	9	ADDRESS
230.19		7 0 4	11. 10	V/ 0 ton



VS 150-REV. 1/1/65

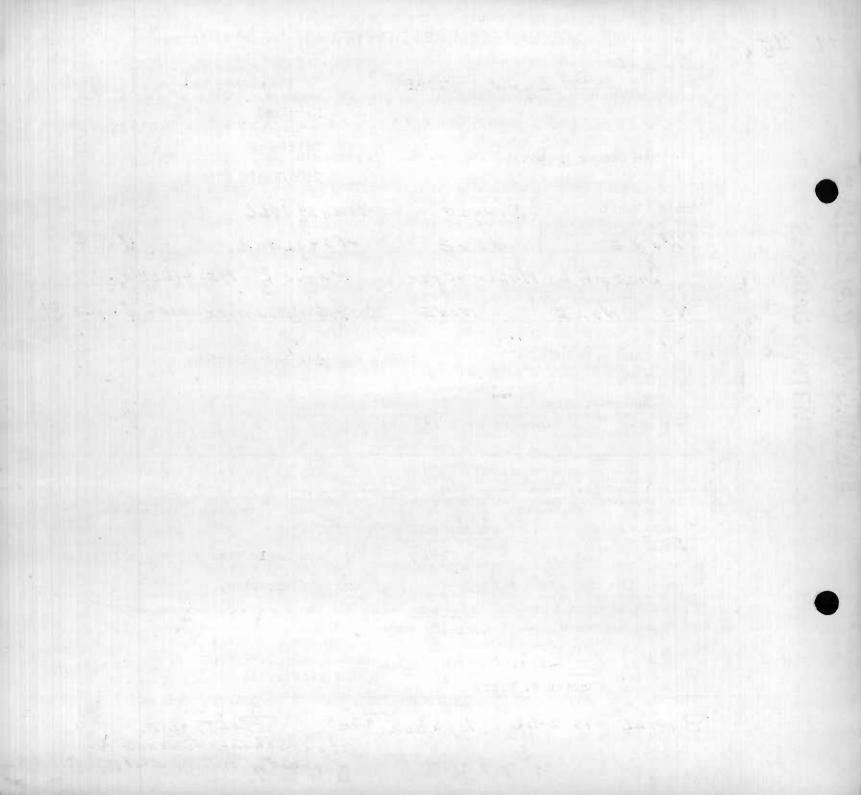
1 / 22 / 1/ المستقر المستقرع المس Band B. B. German . 18/11/11

	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
	1. NAME OF DECEASED  (Type of Print)  MARIE  HALLAMEY	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	INSTITUTION ADDRESS OF EDGATION	Baltimore 20-05
	Bon Secour Hospital	D. STREET ADDRESS (If rurol, give locotion)
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	2106 Eagle Street   B. DATE OF BIRTH   19. AGE   In years   If Under 1 Yr. If Under 24 Hrs.
	WIDOWED, DIVORCED(specify)	lost birthdoy) Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	
	done during rost of working life, everyit retired)  Housewite Do 455tic	MARYLAND WHAT COUNTRY?
	13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Soseph HALLAMEYER 2106 EAGLE ST.
		SE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not meon the mode of dying e.g., heart foilure, asthenia, etc. It means the disease.	on Monoxide Intoxication.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT · CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		No
	I TING CAUSE OF DEATH	office bidg. (INJURY OCCUR?
	Home  21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	2106 Eagle Street
	OF INJURY	
	(APPROX.) 11 30 '66 Δ WHILE AT - NOT	Conflagration Conflagration
	(APPROX.) 11 30 '66 A WHILE AT NOT AT 22.	WORK
•	(APPROX.) 11 30 66 A WHILE AT NOT AT 22, I certify that I held an Inquiry Inspection X A	and that an this basis, death in my apinion
•	(APPROX.) 11 30 66 A WHILE AT NOT AT 22, I certify that I held an Inquiry Inspection X A	and that an this basis, death in my apinion  ide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER
•	ACTUAL   30   66 A   WHILE AT   NOT AT	and that an this basis, death in my apinion  ide
•	ACTUAL SIGNATURE EXAMINER'S Charles S. Rotty.   A m. WHILE AT   NOT AT	and that an this basis, death in my apinion  ide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER
•	ACTUAL SIGNATURE EXAMINER'S NAME (Type)   Charles S. Petty   23A, BURIAL CREMATION,   23B, DATE   23C, NAME of CEMETERY   23	and that an this basis, death in my apinion  ide
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)   Charles S. Petty   23A, BURIAL CREMATION, REMOVAL (Specify)   23B, DATE   23C, NAME of CEMETERY   REMOVAL (Specify)   23C, NAME of CEMETERY   23C, NAME of	and that an this basis, death in my apinion  ide
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)   Charles S. Petty   23A, BURIAL CREMATION,   23B, DATE   23C, NAME of CEMETERY   23	and that an this basis, death in my apinion  ide
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)   Charles S. Petty   23A, BURIAL CREMATION, REMOVAL (Specify)   12-2-66   Am   WHILE AT   NOT AT	and that an this basis, death in my apinion  ide



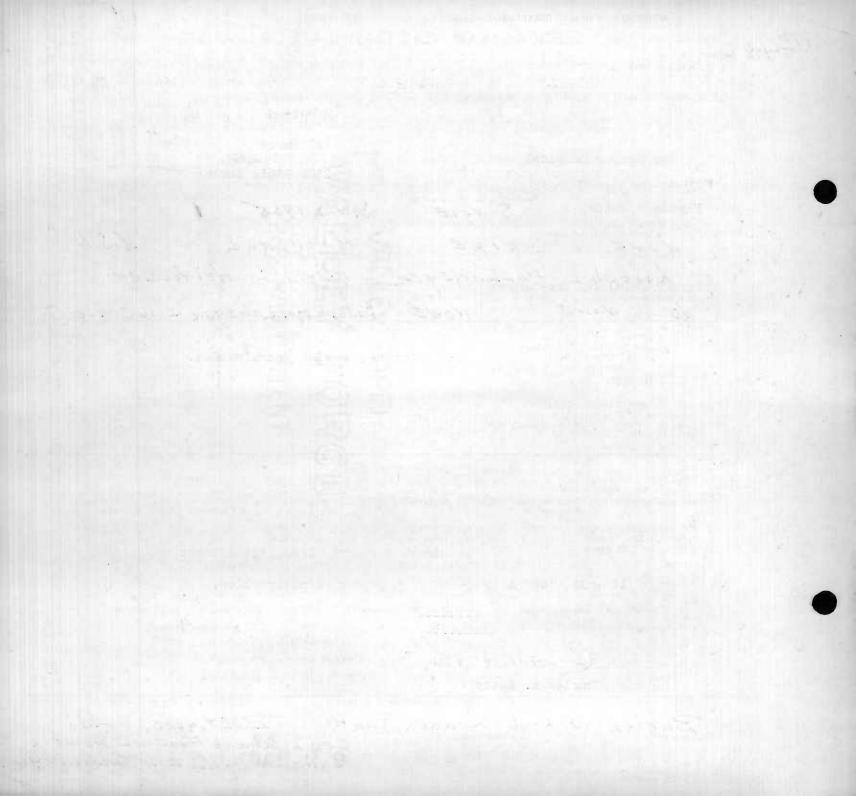
BIRTH NO. 66-05823 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

M.E. CASE NO.	OSTAS MED	CAL E	AMINER 3 C	EKIIII	CATE OF DEATH Registe	red No.
NAME OF DE	CEASED	,			2. DATE AND HOUR PRONOUNC	ED DEAD
	TAMMY 2	YNN.	HALLAM EYER		November 30, 19	966   10:00 Am.
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL A. STATE	Maryland  RESIDENCE (Where deceased lived, If inst B, COU	itution: residence before admission)
ULL NAME OF OSPITAL OR NSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY C	OR TOWN (If outside corporate limits, write	RURAL and give township)
34 Ba	on Secour Hos	pital		D. STREET	Baltimore ADDRESS (If rurol, give locotion)	70 00
, SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE O	2106 Eagle Street  F BIRTH  9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female	White	WIDOWED,	DIVORCED (specify)		419,1966 lost birthdoys	Months Doys Hours Min.
				11. BIRTHP	LACE (State or foreign country)	12. CITIZEN OF
	working life, even if retired)	1	ONE	M	00112	WHAT COUNTRY?
3. FATHER'S NAN			ONE	14. MOTH!	ARYLANDER'S MAIDEN NAME	4.0.77.
1	00=061	4011	AMEYER	4	lapie / Heinil	1=0
5. WAS DECEASE	D EVER N U.S. ARMED	FORCES?	16. SO CIAL	17. INFORM	APPIEL. HEIMIL	ADDRESS
	(If yes, give wor or dote	s of service)	NONE	1	11/11 - 211	1 = -1 = P4
NO IIB,	NONE			NOSE	ob HALLAMEYER 210	LAGLE SI.
27	16101		CAUSE	OF DEAT	n	ONSET AND DEATH
DISEA	SE OR CONDITION DI		0 1	3.6		
(This does	not meon the mode of	dying, e.g.,	(A) Carbo	on Mono	oxide Intoxication.	
heart follure	, osthenio, etc. It meons mplication which coused	the disease, death,)				
	OR CONDITIONS, IF A		(B)			
RISE TO TH	E ABOVE CAUSE (A) S'		DUE TO			
_	NG CONDITION LAST.		(C)			
2	В					
TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	ATED TO T	NG HE			
DISEASE OF		DITION FOR	WHICH OPERATION		TOPSY? (Yes or No.) 20B. IF YES, WERE FII	
Z 21A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout	O 21 C. WHERE DID (If in Boltimore City, gi	ve exact location)
UTING CAU	OR CONTRIB-	home etc.)	, form, foctory, street, o			
Z 21D TIME	(Month) (Doy) (Yeo	) (Hour) 2	Home	,	2106 Eagle Street	20-93
OF INJURY (APPROX.)	11 30 '66		VHILE AT TO NOT	WHILE	Conflagration.	
22.			YORK AT III			
		nquiry 🔲		opsy 🗔	ond that on this bosis, death in n	
resul	ted from: Natural co	ses	suicident X Suicide		omicide Undetermined monne	er
ACTUA	61		//-		EF MEDICAL EXAMINER	DATE SIGNED
SIGNAT		ecles )	1 esting M.D.	ASSISTA	NT MEDICAL EXAMINER	11/20/66
EXAMIN NAME (		S. Pett	y 0	ASSOCIA	TE MEDICAL EXAMINER	11/30/66
3A. BURIAL CRE		23	C. NAME of CEMETERY .	CREMATO	DRY 23D. LOCATION (City,	town, or county) (Stote)
B491		-66	1	Par	K Raiting	as Md
	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C, F	UNERAL DIRECTOR	ADDRESS
		18.00	C TO COMB	Gi	g.L. Jehwas Huns	EARL HOME
	NEP 2 1966	I But	15 Torran	0 17	ranges Witheller.	2101 Frederick



H-456

A STATE MANY COUNTY OF PARTICULOR INSTITUTION, GIVE STREET  A PORTS OR LOCATION TO THE STATE OR INSTITUTION, GIVE STREET  BOD SECOUT HOSPITAL  BOD SECOUT HOSPITAL  BALT INTO THE STATE OR INSTITUTION, GIVE STREET  BALT INTO THE STATE OR INSTITUTION, GIVE STREET  D. STREET ADDRESS (II word, give location)  2106 Eagle Street  North 100 Winty or Interest o		00 12043
MICHELLE  HALLAMOTER  November 30, 1966  10:00 A  RACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  PLANAL OF  OUTPILL ON HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS ON COLORADOR LINE OF MANIET PROCESS.  AND DECLARADOR LINE OF MANIET PROCESS.  WHITE  WHITE  SAME  Female  White  SAME  Female  White  SAME  SAME  Female  White  SAME  SAME  Female  White  SAME  SA		CERTIFICATE OF DEATH Registered No.
PLACE IN SATINGUE, MARTHAND, WHERE PRONOUNCED DEAD  A STATE OF THE MARTHAND OF MARTHAND ON INSTITUTION, GIVE STREET  COURT ANAL OF OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  COURT ANAL OF OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  COURT ANAL OF OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  BON SECOUT HOSPITAL  BON SECOUT HOSPITAL  BON SECOUT HOSPITAL  COURT AND OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  COURT AND OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  BON SECOUT HOSPITAL  BON SECOUT HOSPITAL  COURT AND OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  COURT AND OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  COURT AND OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  COURT AND OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  COURT AND OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  COURT AND OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  COURT AND OF MOST IN MORTHAL OR INSTITUTION, GIVE STREET  CAUSE OF DEATH  CONTROL OF MOST IN MORTHAL CAUSE WAS DEATH OF MORE WHICH OF BEATING  CAUSE OF DEATH  CAUSE OF DEATH  CONTROL OF MOST IN MORE OF MORE		
A STATE MANY COUNTY OF PARTICULOR INSTITUTION, GIVE STREET  A PORTS OR LOCATION TO THE STATE OR INSTITUTION, GIVE STREET  BOD SECOUT HOSPITAL  BOD SECOUT HOSPITAL  BALT INTO THE STATE OR INSTITUTION, GIVE STREET  BALT INTO THE STATE OR INSTITUTION, GIVE STREET  D. STREET ADDRESS (II word, give location)  2106 Eagle Street  North 100 Winty or Interest o	(Type or Print)  MICHELLE  HALLAM	
BON SECOUT HOSPITAL  BON SECOU	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
Baltimore  D. STREET ADDRESS (If under jove locasion)  2106 Eagle Street  Female  White  White  DALUSIA OCCUPATION (rive kind of weak) Baltimore  DALUS OF DALIN  DISAAS OF CANDITION SECURITY  DISAAS OF CANDITION SECURITY  DISAAS OF CONDITION ORECITY  DISAAS OF CONDITION DIRECTLY  CAUSE OF DEATH  DISAAS OF CONDITION DIRECTLY  DISAAS OF CONDITION ORECITY  CAUSE OF DEATH  OTHER SIGNEY or COMPRISON (rive will be seened)  DISAAS OF CONDITION OR CONSISTING THE  UNDERLING CONDITION OR CONSISTING THE  DISAAS OF THE SHOW OF	HOSPITAL OR ADDRESS OR LOCATION)	
SEEN SEACE  Female  White  S. MARRIED, NEVER MARRIED  WOOWED, DIVORCEORDSSCRIP)  S. DATE OF BRTH  S. ASE IID, years  MUNICE ON USUAN OCCUPATION (Give had as worth of the RIND OF #65NESS OR INDUSTRY).  J. FAIRHES MARE  J. FAIRHE		
THE STATE OF CONDITION CONTRIBUTING  DISEASE OR CONDITION IN IT AMERICAN CONDITION STATE OF BETT OF THE ADDRESS  WAS DICEASED LYER IN U.S. ASMED FORCES?  DISEASE OR CONDITION DIRECTLY  THE PROPERTY OF THE ADDRESS  DISEASE OR CONDITION DIRECTLY  THE PROPERTY OF THE ADDRESS  DISEASE OR CONDITION STATE OF THE ADDRESS OF CONDITION STATE OF THE ADDRESS  DISEASE OR CONDITION STATE OF THE ADDRESS OF OF T	34 Boll Secoul Hospital	
AND DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  ONSE AND CONDITION SCONTRIBUTING  DISEASE OF CONDITION S. F. ANY, GIVING BIRST TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION S. F. ANY, GIVING BIRST TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONTRIBUTION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONTRIBUTION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONTRIBUTION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONTRIBUTION CONTRIBUTION THE ABOVE CAUSE (A) STATING THE UNDERLYING CONTRIBUTION CONTRIBUTION TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONTRIBUTION CONTRIBUTION TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONTRIBUTION CONTRIBUTION CONTRIBUTION TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONTRIBUTION CONTRIBUTION TO THE		11
DISEASE OF CONDITION DIRECTLY LEADING TO BOATH  TO THE SIGNBICANT CONDITION LAST.  ANTECEDENT CAUSES DISEASE OF CONDITIONS, IF ANY, GIVIND BISEASE OF CONDITIONS, IF ANY, GIVIND UNDERLYING CONDITION LAST.  ANTECEDENT CAUSES DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  This does not move the mode of dring, e.g., their different which coused death.  ANTECEDENT CAUSES DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  This does not move the mode of dring, e.g., their different which coused death.  ANTECEDENT CAUSES DISEASES OF CONDITION DIRECTLY LEADING TO DEATH  This does not move the mode of dring, e.g., their different which coused death.  ANTECEDENT CAUSES DISEASES OF CONDITION DIRECTLY LEADING TO DEATH  This does not move the mode of dring, e.g., their different which coused death.  ANTECEDENT CAUSES DISEASES OF CONDITION S. IF ANY, GIVIND BISE TO THE SIGNBICANT CONDITION FOR WHICH OPERATION  ON THE SIGNBICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CONTRIBUTING UNDERLYING CONDITION FOR WHICH OPERATION  WAS PERFORMED  UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CONTRIBUTING UNDERLYING CONDITION FOR WHICH OPERATION  WAS PERFORMED  UNDERLYING CONDITION CONTRIBUTING TO THE SIGNBICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  UNDERLYING CONDITION CONTRIBUTING TO THE SIGNBICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  UNDERLYING CONDITION CONTRIBUTING TO THE SIGNBIC CONDITION FOR WHICH OPERATION  WAS PERFORMED  UNDERLYING CONDITION CONTRIBUTING TO THE SIGNBIC CONDITION FOR WHICH OPERATION  WAS PERFORMED  UNDERLYING CONDITION FOR	Female White	
S. WAS DECRATED EVER IN U.S. ARMED FORCEST (Fee, no or inhornown) III yes, give woo doles of serviced (Fee, no or inhornown) III yes, give woo doles of serviced (Fee, no or inhornown) III yes, give woo doles of serviced (Fee, no or inhornown) III yes, give woo doles of serviced (Fee, no or inhornown) III yes, give woo doles of serviced (Fee, no or inhornown) III yes, give woo doles of serviced (Fee, no or inhornown) III yes, give woo doles of serviced (Fee, no or inhornown) III yes, give wood of serviced (Fee, no or inhornown) III yes, give wood of serviced (Fee, no or inhornown) III yes, give wood of the service (Fee, no or inhornown) III yes, give wood of serviced (Fee, no or inhornown) III yes, give yes,	done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dring, e.g., head follow, esheric, etc. If means the diseases, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION, IF ANY, GIVING RISEASES OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION NO NO RELEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RE	13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dring, e.g., head follow, esheric, etc. If means the diseases, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION, IF ANY, GIVING RISEASES OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION NO NO RELEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RE	Doseph L. HALLAMEYER	MARIE L. HEINILLER
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meen the mode of dring, e.g., injury or complication which coused death, seese, injury or complication or complication which coused death, seese, injury or complete the complete the complete the seese of condition or callship in the special part of the distance of the complete t		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, s.g., here of failure, eatherine, etc. If meens the disease, injury or camplication which coused decided.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE AROYE CAUSE (A) STATING THE  UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (E) JOA. DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION NO NO CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (E) JOA. DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION NO NO CONTRIBUTING CAUSE OF DEATH?  (E) JOA. DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION NO NO CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION NO NO CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION NO NO CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION NO NO CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION NO CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION NO CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION IN CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION IN CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION IN CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION IN CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION ISPR. CONDITION FOR WHICH OPERATION IN CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION IN CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION IN CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE OF OPERATION IN CERTIFICATION IN CERTIFITING CAUSES OF DEATH?  (E) JOAN DATE O	11011	DOSEPH HALLANEYER 2106 EAGLE ST.
LEADING TO DEATH  (This does not meen the mode of dring, e.g., head folius, oatherio, etc. It means the disease, injury or complication which coused developed the drives of the drives	2-9/6/01	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIMNG RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  100 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  110 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  121 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  121 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  121 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  121 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  122 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  123 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  124 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  125 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  126 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  127 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  128 THE PROPERTY OF THE STAIN CAUSE WAS PERFORMED TO THE DISEASE OR CONDITION CAUSING IT.  129 THE PROPERTY OF THE STAIN CAUSE OF DEATH?  120 THE DISEASE OR CONDITION CAUSING IT.  121 THE DISEASE OR CONDITION CAUSING IT.  122 THE PROPERTY OF THE BOLD CAUSE OF DEATH?  123 THE PLANE OF THE STAIN CAUSE WAS PROPERTY OF THE STAIN THE DISEASE OF THE STAIN CAUSE OF THE S	LEADING TO DEATH	bon Monoxide Intoxication.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  OTHER SIGNIFICATION DITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION COUNTRIBUTING  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION COUNTRIBUTING  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION COUNTRIBUTING  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED THE BOLD OF THE SIGNIFICATION DISEASE OF DEATH?  OTHER SIGNIFICATION DISEASTED THE BOLD DISEASE OF THE SIGNIFICATION DISEASE OF TH	heart toilure, asthema, etc. It means the disease,	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  OTHER SIGNIFICATION DITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION COUNTRIBUTING  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION COUNTRIBUTING  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION COUNTRIBUTING  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED TO THE DISEASE OR CONDITION STATING THE  OTHER SIGNIFICATION DISEASTED THE BOLD OF THE SIGNIFICATION DISEASE OF DEATH?  OTHER SIGNIFICATION DISEASTED THE BOLD DISEASE OF THE SIGNIFICATION DISEASE OF TH	ANTECEDENT CAUSES	
UNDERLYING CONDITION LAST.  (C)  (D)  (THE SIGNIFICANT CONDITION SCONTRIBUTING TO THE DISTANCE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) thomes, form, foctory, street, office bidg, injury occurry occurry occurry occurry o	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
No   IN CERTIFYING CAUSES OF DEATH?	UNDERLYING CONDITION LAST.	
No   IN CERTIFYING CAUSES OF DEATH?	O II	
No   IN CERTIFYING CAUSES OF DEATH?	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DUDGELYING CAUSE OF DEATH.    home	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CEPTIEVING CALLSES OF DEATH?
UTING CAUSE OF DEATH.    etc.   Home   2106 Eagle Street		.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location)
OF INJURY (APPROX.)  11 30 66 A WHILE AT NOT WHILE X Conflagration.  22. I certify that I held an Inquiry Inspection X Autapsy and that on this basis, death in my apinion resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER IN ASSISTANT MEDICAL EXAMINER	UTING CAUSE OF DEATH. etc.) Home	2106 Eagle Street
Conflagration   Conflagratio	OF INITIAL (MORITI) (DOY) (TEON (HOUN 21E, INSURI OCCURRE	
Certify that I held an Inquiry   Inspection   Autapsy   and that on this basis, death in my aplnion resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner	THE WORK	Conflagration.
ACTUAL SIGNATURE Charles S. Petty  ASSOCIATE MEDICAL EXAMINER 11/30/66  EXAMINER'S NAME (Type) Charles S. Petty  ASSOCIATE MEDICAL EXAMINER 11/30/66  EXAMINER'S NAME (Type) Charles S. Petty  EXAMINER'S NAME (Type) Charles S. Petty  EXAMINER 233C. NAME of CEMETERY or CREMATORY  EXAMINER 233C. NAME		Autapsy and that on this basis, death in my aplnion
ACTUAL SIGNATURE CALLES J. C. ASSISTANT MEDICAL EXAMINER 11/30/66  EXAMINER'S NAME (Type) Charles S. Petty  ASSOCIATE MEDICAL EXAMINER 11/30/66  ASSOCIATE MEDI	resulted fram: Natural causesAccident X ) Suid	
ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION (City, town, or county) (Stote)  ASSOCIATE MEDICAL EXAMINER  24D. FURTHER	ACTUAL ()	DATE SIGNED
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stole)  REMOVAL (Specify)  BURIAL 12-2-66 LOLI don TARK BALT, ugre, Md.  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR  DEC 2 1966 PORTE, June 22 Property Control of Tark	FYAMINEP'S	
REMOVAL (Specify)  BURIAL 12-2-66 London TARK BALTINGRE, Md.  24A. DATE REC'D BY HEALTH DEPT.  DEC 2 1966 POBLE FUNERAL DIRECTOR WAS HANT ON LANDERS WE BURIEFON TO THE LEWIS GOVERNMENT OF THE LEWIS	NAME (Type) Charles S. Petty	
DEC 2 1986 (2962, Jally M) 2 Brownes Of Partle 101 Hilling Grant Schwab Hune got Andrews of The Land Horas	REMOVAL (Specify)	PALK BALT
VS 151-REV. 1/1/65 N 968 0		24C FUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/65 \ 9680	DEC 2 1966 0 095 12 300 Mi	Branes of miller 2101 Huleni lan
	VS 151-REV. 1/1/65 \ 9680	

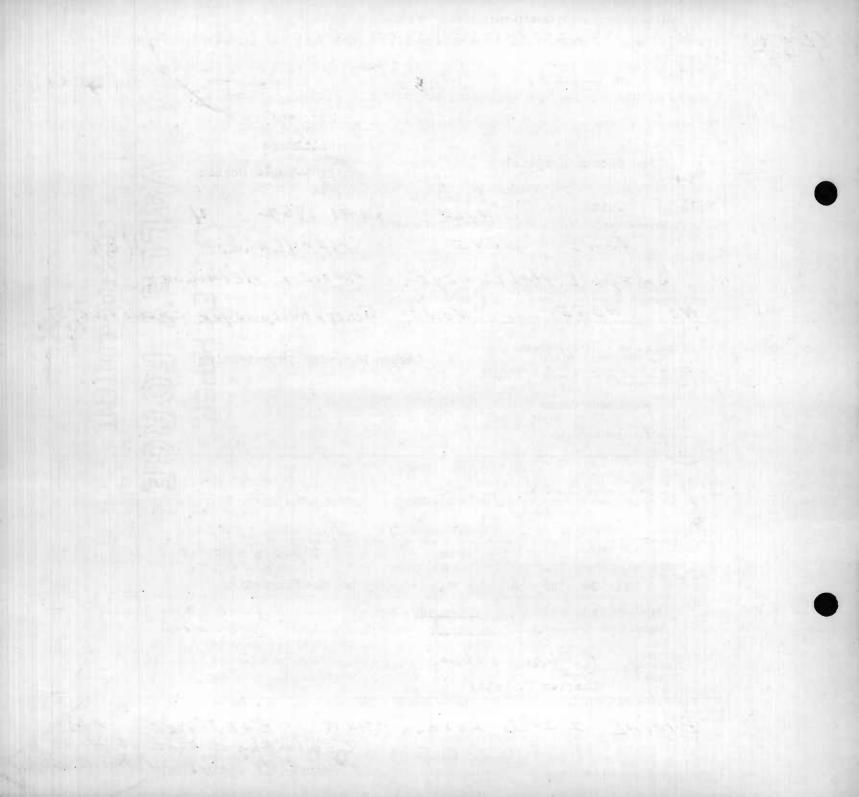


VS 151-REV. 1/1/65

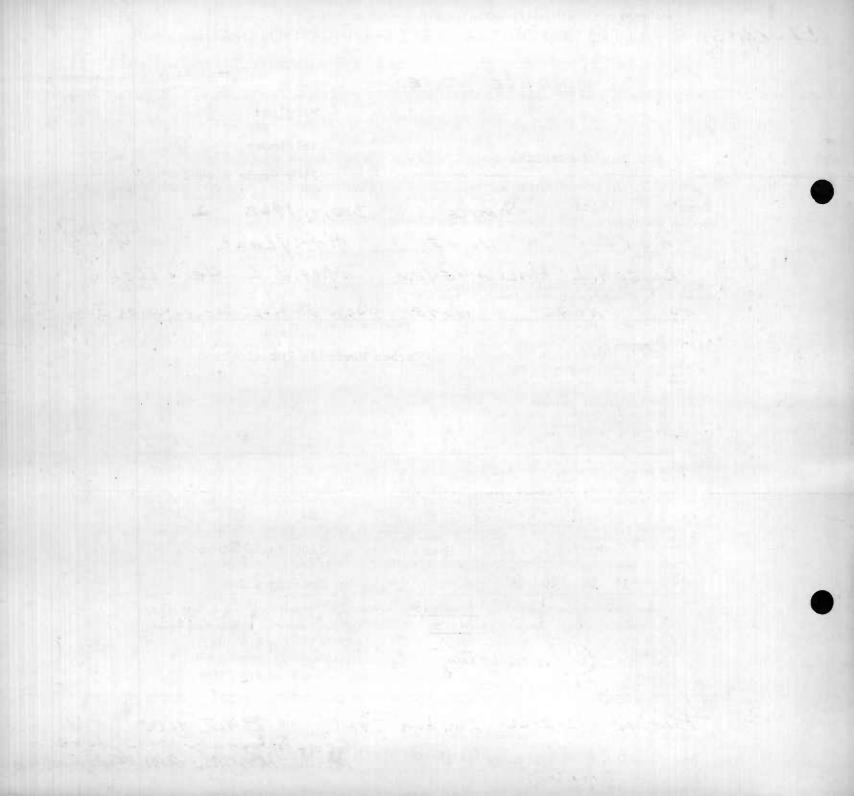
BALTIMORE CITY HEALTH DEPARTMENT

CC 100AA

NAME OF DEC	EASED				2 DATE AND	HOUR PRONOUNC	FD DEAD	
NAME OF DEC	TIMOTHY	7	HALLAMAYER		Novembe	er 30. 196	6	10:00 A
LACE IN BALT	IMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where de	ceased lived. If inst	titution: resider	nce befare admission
LL NAME OF	(IE NOT IN HOSPIT	TITZINI DO LA	UTION, GIVE STREET	Mar	yland			
SPITAL OR	ADDRESS OR LOC	ATION)	OHON, OIVE STREET	C. CITY OR TO	WN (If autside c	corporate limits, with	e RURAL and	give township)
					timore	0		02
34 BC	on Secour Hos	spital			RESS Ilf rural, gi			
PV	6. RACE	7 ******	ALGERT ALABBIGO	11	6 Eagle S		7.16.11	
ale			DIVORCED (specify)	B. DATE OF BIRT	н	9. AGE (In years lost birthdoy)		Yr. If Under 24 H oys   Hours   Min
	White		vg CE	DUNE1, 1	962	24		
	JPATION (Give kind of wor varking, life, even if retired)	rk 108. KIND O	F BUSINESS OR INDUSTR	YIII. BIRTHPUACE	(State or fareign o	cauntry)	12. CITIZEN WHAT	COUNTRY?
	NONE	No	NE	MA	RYLAN	4	4-	H.
ATHER'S NAM	NE	,		14. MOTHER'S M				6 3
No.	SEPHL.	HALL.	AMEYER	MARI	EL. H	Einille	ER	
	D EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	7 - 1
No	NONE		NONE	Jac = 1	Hallam.	E. 1== -7	106 EA	GLE ST
1B	12.0			OF DEATH	11.700.707	967	11	TERVAL BETWEE
Z DISTA	C ON CONDITION D						0	NSET AND DEAT
DISEA	SE OR CONDITION D LEADING TO DEATI	IKECILY						
	LEADING TO DEAT	H	Carbo	n Monoxid	e Intoxic	eation.		
(This does a			(A) Carbo	n Monoxid	e Intoxio	cation.		••••
(This daes r heart failure, injury ar car	not mean the made a asthenia, etc. It mean application which caused	f dying, e.g., s the disease,	(A) Carbo	n Monoxid	e Intoxic	cation.		
injury ar car	not mean the made a asthenia, etc. It mean nplication which caused	f dying, e.g., s the disease, death.)	(A) Carbo	n Monoxid	e Intoxic	eation.		
DISEASES	not mean the made a asthenia, etc. It mean mplication which caused NTECEDENT CAUSE OR CONDITIONS, IF	f dying, e.g., s the disease, death.)	(A) Carbo	n Monoxid	e Intoxic	eation.		
DISEASES RISE TO TH	not mean the made a asthenia, etc. It mean application which caused	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE	DUE TO	n Monoxid	e Intoxic	eation.		
DISEASES RISE TO TH	not mean the made a asthenia, etc. It mean mplication which caused anti-caused on CONDITIONS, IF A E ABOVE CAUSE (A) S	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE	DUE TO	on Monoxid	e Intoxio	eation.		
DISEASES RISE TO TH UNDERLYIN	not mean the made a asthenia, etc. It mean mplication which caused NATECEPENT CAUSE OR CONDITIONS, IF & ABOVE CAUSE (A) SAG CONDITION LAST.	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE	(B)(C)	on Monoxid	e Intoxio	eation.		
DISEASES RISE TO TH UNDERLYIN  OTHER SIG	not mean the made a asthenia, etc. It mean implication which caused with the caused control of the caused caused control of the caused caused caused control of the caused caus	f dying, e.g., s the disease, death.)  ES  ANY, GIVING THE  CONTRIBUTII  ELATED TO 1	DUE TO  (B)  DUE TO  (C)	on Monoxid	e Intoxic	eation.		
DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE O	not mean the made a asthenia, etc. It mean mplication which caused NATECEDENT CAUSE OR CONDITIONS, IF E ABOVE CAUSE (A) SING CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSIN	f dying, e.g., s the disease, death.)  ES  ANY, GIVING THE  CONTRIBUTION TO 1  G IT.	(B)(C)					
DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE O	not mean the made a asthenia, etc. It mean mplication which caused NATECEDENT CAUSE OR CONDITIONS, IF & ABOVE CAUSE (A) & G CONDITION LAST.  II NIFICANT CONDITIONS IF & CONDITION CAUSIN OPERATION [198, COI	f dying, e.g., s the disease, death.)  ES  ANY, GIVING THE  CONTRIBUTION TO 1  G IT.	(B)(C)		'? (Yes ar Na)  20	B. IF YES, WERE FI		
OTHER SIGN TO THE DISEASE O	not mean the made a asthenia, etc. It mean mplication which caused which CAUSE OR CONDITIONS, IF & ABOVE CAUSE (A) SAIG CONDITION LAST.  INTECANT CONDITION LAST.  INTECANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSIN OPERATION 198, COI WAS PEIL CAUSE WAS	f dying, e.g., s the disease, death.)  ES  ANY, GIVING THE  CONTRIBUTII  ELATED TO T  G IT.  NOTION FOR REFORMED	(B)(C)	20A. AUTOPSY NO	7? (Yes ar Na)   20   N	B, IF YES, WERE FI CERTIFYING CAU	SES OF DEAT	rH?
OTHER SIGNOTHE DISEASE OF THE DISEAS	not mean the made a asthenia, etc. It mean implication which caused with the condition of the condition causin operation (a) 198, COI was per condition of the	f dying, e.g., s the disease, death.)  ES  ANY, GIVING THE  CONTRIBUTII  ELATED TO T  G IT.  NOTION FOR REFORMED	(B)  (C)  NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., a, farm, factory, street, c.	20A. AUTOPSY NO in or obout 21C. V	? (Yes ar Na) 20 IN WHERE DID (If Y OCCUR?	B. IF YES, WERE FI CERTIFYING CAU in Boltimore City, g	SES OF DEAT	rH?
OTHER SIGNOTHE DISEASE OF THE DISEAS	not mean the made a asthenia, etc. It mean mplication which caused a conditions, if a condition caused as the condition caused as the condition caused as the condition causin operation cause (a) so the condition causin operation (b) condition causin operation (c) condition con	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  S CONTRIBUTI ELATED TO 1 G IT.  NOTITION FOR REFORMED  (21 B. hame etc.)	(B)(C)	20A. AUTOPSY No in or obout 21C. Voltice bldg., INJUR	7? (Yes ar Na)   20   N	B. IF YES, WERE FI CERTIFYING CAU in Boltimore City, g 2 Street	SES OF DEAT	rH?
DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE OF 19A, DATE OF 21A, EXTERNA UNDERLYING BUNDERLYING BUNDERLYING BOTHER OF INJURY	not mean the made a asthenia, etc. It mean mplication which caused which caused with the mode of the m	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  S CONTRIBUTION ELATED TO 1 G IT.  NOTITION FOR REFORMED  21 B. hame etc.)	(B)  (C)  NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., a, form, foctory, street, defended by the control of the contr	20A. AUTOPSY NO in or obout 21C. No office bldg., NJUR 2	(Yes or No) 20 IN WHERE DID (If Y OCCUR? 106 Eagle	B. IF YES, WERE FI CERTIFYING CAU in Boltimore City, g Street	SES OF DEAT	rH?
OTHER SIGN TO THE DISEASE OF THE DIS	not mean the made a asthenia, etc. It mean mplication which caused a conditions, if a condition caused as the condition caused as the condition caused as the condition causin operation cause (a) so the condition causin operation (b) condition causin operation (c) condition con	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  S CONTRIBUTION ELATED TO 1 G IT.  NOTITION FOR REFORMED  21 B. hame etc.)	MG (C)  NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, the operation of the oper	20A. AUTOPSY NO in or obout 21C. No office bldg., NJUR 2	(Yes ar No) 200 IN WHERE DID (If y OCCUR? 106 Eagle	B. IF YES, WERE FI CERTIFYING CAU in Boltimore City, g Street	SES OF DEAT	rH?
OTHER SIGN TO THE DISEASE OF THE DIS	not mean the made a asthenia, etc. It mean mplication which caused which caused with the mode of the m	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  CONTRIBUTION FOR REFORMED  21 B. hame etc.)  (Haut)  A m.)	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, the operation of the operatio	20A. AUTOPSY NO in or obout 21C. Noffice bldg., INJUR 2 21F. H WHILE X	"? (Yes or No.) 20 IN WHERE DID (If Y OCCUR? 106 Eagle OW DID INJURY nflagrati	B. IF YES, WERE FI CERTIFYING CAU in Boltimore City, g Street	SES OF DEAT	rH?
DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE O  19A. DATE OF  21A. EXTERNA UNDERLYING & UNDERLYING & UNDERLYING & UNDERLYING & CAU  21D TIME OF INJURY (APPROX.)	not mean the made a asthenia, etc. It mean mplication which caused a conditions, if E above CAUSE (A) SING CONDITIONS LAST.  II NIFICANT CONDITION LAST.  II NIFICANT CONDITION CAUSIN OPERATION (PB, CONDITION CAUSIN)  OPERATION (19B, CONDITION CAUSIN)  CONDITION CAUSIN (PEATLE WAS FOR CONTRIBUSE OF DEATH.  (Manth) (Day) (Year 11 30 160)	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  SCONTRIBUTION FOR REFORMED  21 B. hame etc.,  or) (Haur) 2  6 A m.,  Inquiry	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, the	20A. AUTOPSY NO in or obout 21C, No affice bidg., NJUR 2 21F. H WHILE X CO	(Yes or No) 200 IN WHERE DID (IF Y OCCUR? 106 Eagle OW DID INJURY IN The Third of that on this	B. IF YES, WERE FICERTIFYING CAU in Boltimore City, go a Street Occur?	ses OF DEAT	rH?
DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE O  19A. DATE OF  21A. EXTERNA UNDERLYING & UNDERLYING & UNDERLYING & UNDERLYING & CAU  21D TIME OF INJURY (APPROX.)	not mean the made a asthenia, etc. It mean mplication which caused a conditions, if a RONDITIONS, IF ABOVE CAUSE (A) SING CONDITION LAST.  II NIFICANT CONDITION LAST.  II NIFICANT CONDITION SEATH BUT NOT RIFICANT CONDITION CAUSIN OPERATION 198, COI WAS PEIL CAUSE WAS FOR CONTRIBUSE OF DEATH.  (Manth) (Day) (Yes 11 30 160)	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  SCONTRIBUTION FOR REFORMED  21 B. hame etc.,  or) (Haur) 2  6 A m.,  Inquiry	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, the	20A. AUTOPSY NO in or obout 21C. V affice bidg. NJUR 21F. H WHILE X CO tapsy an Hamici	(Yes or No) 200 IN WHERE DID (IF Y OCCUR? 106 Eagle OW DID INJURY IN The Third of that on this	B. IF YES, WERE FICERTIFYING CAU in Boltimore City, go coccur? ion. basis, death in redetermined mann	ses OF DEAT	rH?
OTHER SIGN THE DISEASE OF THE DISEAS	not mean the made a asthenia, etc. It mean mplication which caused a NATECEPENT CAUSE OR CONDITIONS, IF E ABOVE CAUSE (A) SING CONDITION LAST.  II NIFICANT CONDITION LAST.  OPERATION 198, COI WAS PEIL CAUSE WAS FOR CONTRIBUSE OF CONTRIBUSE OF DEATH.  (Manth) (Day) (Yee 11 30 160)  Tify that I held an ted from: Natural countries of the contribution of the contribut	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  SCONTRIBUTION FOR REFORMED  21 B. hame etc.,  or) (Haur) 2  6 A m.,  Inquiry	WHICH OPERATION  PLACE OF INJURY (e.g., form, factory, street, form)  HOME  PLE INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20A. AUTOPSY NO in or obout 21C. Y affice bidg. INJUR 21F. H WHILE X CO tapsy an Hamici CHIEF M	(Yes or No) 200 (IN NO) (IN NO	B. IF YES, WERE FICERTIFYING CAU in Boltimore City, go coccur? ion. basis, death in reletermined mann MINER	ses OF DEAT	rH?
OTHER SIGN TO THE DISEASE OF THE DIS	not mean the made a asthenia, etc. It mean mplication which caused with the caused and the conditions, if a BOVE CAUSE (A) SING CONDITIONS (A) SING CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REACTORD TO THE CONDITION CAUSIN OPERATION 19B, COI WAS PEIL CAUSE WAS ACR CONTRIBUSE OF DEATH.  (Manth) (Day) (Year Condition of the condition	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  CONTRIBUTION FOR REPORMED  218. hame etc.)  CONTRIBUTION FOR REPORMED  218. hame etc.)  CONTRIBUTION FOR REPORMED	MICH OPERATION  PLACE OF INJURY (e.g., a., fam., factory, street, a., HOME  PLE, INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20A. AUTOPSY NO in or obout 21C. North 100 Minjury 221F. H WHILE X Co tapsy an ile Hamici CHIEF M ASSISTANT M	(Yes or No) 20 in No YHERE DID (If Y OCCUR? 106 Eagle OW DID INJURY Inflagration that on this ide Unc	B. IF YES, WERE FICERTIFYING CAU in Boltimore City, go of Street OCCUR? LOTT. basis, death in redetermined mann MINER MINER	ses OF DEAT	rH?
OTHER SIGN THE DISEASE OF THE DISEAS	INTECEPENT CAUSE OR CONDITIONS, IF, E ABOVE CAUSE (A) SING CONDITIONS (A) SING CONDITION LAST.  INTECEPENT CAUSE OR CONDITION (A) SING CONDITIONS (A) SING CONDITION CAUSE OF CONDITION CAUSIN (B) CONDITION CAUSIN (B) CONDITION CAUSIN (B) CONDITION CAUSIN (B) CONDITION	f dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  SCONTRIBUTION FOR REFORMED  21 B. hame etc.,  or) (Haur) 2  6 A m.,  Inquiry	MICH OPERATION  PLACE OF INJURY (e.g., a., fam., factory, street, a., HOME  PLE, INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20A. AUTOPSY NO in or obout 21C. Y affice bidg. INJUR 21F. H WHILE X CO tapsy an Hamici CHIEF M	(Yes or No) 20 in No YHERE DID (If Y OCCUR? 106 Eagle OW DID INJURY Inflagration that on this ide Unc	B. IF YES, WERE FICERTIFYING CAU in Boltimore City, go of Street OCCUR? LOTT. basis, death in redetermined mann MINER MINER	ses OF DEAT	DATE SIGNED
OTHER SIGNATE OF INJURY (APPROX.)  21 A. EXTERNA UNDERLYING TO THE DISEASE OF INJURY (APPROX.)  22. I cert resul ACTUAL SIGNAT EXAMIN NAME (**).	not mean the made a asthenia, etc. It mean mplication which caused the mode of a strength of the mode of a strength of the mode of the mod	f dying e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  GCONTRIBUTION FOR THE STATE TO TO GIT.  NODITION FOR REFORMED  21 B. hame etc.)  Or) (Haur)  GALL  SS S. Pet	MICH OPERATION  PLACE OF INJURY (e.g., a., fam., factory, street, a., HOME  PLE, INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20A. AUTOPSY NO in or obout 21C. Y affice bldg., NJUR 2 21F, H WHILE X CO tapsy an Ie Hamici CHIEF M ASSISTANT M ASSOCIATE M	(Yes or No) 20 in No YHERE DID (If Y OCCUR? 106 Eagle OW DID INJURY Inflagration that on this ide Unc	B. IF YES, WERE FICERTIFYING CAU in Boltimore City, go Street OCCUR? LON. basis, death in redetermined mann MINER MINER MINER	ses OF DEAT	DATE SIGNED
OTHER SIGNOTHE DISEASE OF THE DISEAS	not mean the made a asthenia, etc. It mean mplication which caused the mode of a strength of the mode of a strength of the mode of the mod	f dying e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  GCONTRIBUTION FOR THE STATE TO TO GIT.  NODITION FOR REFORMED  21 B. hame etc.)  Or) (Haur)  GALL  SS S. Pet	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, thome  PLE. INJURY OCCURRED  WHILE AT NOT AT W  Inspection X Aut  Accident X Sulcid	20A. AUTOPSY NO in or obout 21C. Y affice bldg., NJUR 2 21F, H WHILE X CO tapsy an Ie Hamici CHIEF M ASSISTANT M ASSOCIATE M	(Yes or No) 200 in WHERE DID (If YOCCUR? 106 Eagle OW DID INJURY nflagratide Uncertainty of the Uncertainty of the Uncertainty of the EDICAL EXAMPLEDICAL EXAMPLE	B. IF YES, WERE FICERTIFYING CAU in Boltimore City, go Street OCCUR? LON. basis, death in redetermined mann MINER MINER MINER	ive exoct loca	DATE SIGNED



I. NAME	NO. OF DECEASED	)				2. DATE AND	HOUR PRONOL	UNCED DEAD	
(Type or P	int)	BRENDA	LEE	HALLAM/YER		Novem	ber 30,	1966	10:00 A M
3. PLACE	N BALTIMORE	MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE		deceosed lived. If B.	f in stitution: res COUNTY	idence before odmission
FULL NA	AF OF (IF	NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		aryland WN (If outside	corporate limits,	write RURAL	and give township)
INSTITUTIO	N				В	altimore		20-03	5
34	Bon See	cour Hosp	ital		D. STREET ADD				
5. SEX	6. RAC	C.E.	7. MARRIED.	NEVER MARRIED	B. DATE OF BIR		e Street	eors If Unde	er 1 Yr. If Under 24 Hrs
Femal		White		DIVORCED (specify)		100	9. AGE (In yellost birthdoy)	Months	Doys Hours Min.
IDA. USUA	OCCUPATIO	ON (Give kind of world	NIOB KIND OF	BUSINESS OR INDUS	DEO, 1		country)		ZEN OF
fone during	NO N	life, even if retired)	n	10 45	MA	RVLA	nd	, v2	- J-
3. FATHE	SNAME	1 , ,	1	200	14. MOTHER'S A	AAIDEN NAME	11.		
15. WAS D	Jes EP	RIN U.S. ARMED	TALLA	16, SOCIAL	17. INFORMANT	RIE L	· HEI	MILLE	E
Yes, no or		s, give wor or dote	s of service)	SECURITY NO.	X	1111			= 1.0
1B. 5	P3 1 1	NONE		NOVE	SE OF DEATH	n HAL	LANCYER	e 21101	INTERVAL BETWEEN
6	DISEASE OF	CONDITION DI	DECTI V						ONSET AND DEATH
/TL:	LEAD	DING TO DEATH	1		on Monoxid	e Intoxi	cation.		• • • • • • • • • • • • • • • • • • • •
heo	does not me t foilure, osther v or complicati	on the mode of nio, etc. It meons on which coused	dying, e.g., the discose, deoth.)	DUE TO					
	ANTEC	EDENT CALLSE	c						
DIS	EASES OR CO	EDENT CAUSE	NY, GIVING	(8)					
RISI	TO THE ABO		NY, GIVING						
RISI	TO THE ABO	ONDITIONS, IF A IVE CAUSE (A) S' ONDITION LAST.	NY, GIVING	(B) DUE TO					
RISI	EASES OR CO TO THE ABO DERLYING CO JER SIGNIFICA	ONDITIONS, IF A IVE CAUSE (A) S' ONDITION LAST.  II  NT CONDITIONS	CONTRIBUTI	(C)					
Z RISI UN	EASES OR CO	ONDITIONS, IF A VE CAUSE (A) S' ONDITION LAST.  II  NT CONDITIONS H BUT NOT RE	CONTRIBUTIL	(C)					
EKTINON OT	EASES OR CO	ONDITIONS, IF A VE CAUSE (A) S' ONDITION LAST.  II  NT CONDITIONS H BUT NOT RE	CONTRIBUTII LATED TO T	(C)			208. IF YES, WEI		
RISI UN OF TO TO DIS 19A. E	EASES OR CO TO THE ABO DERLYING CO HER SIGNIFICA THE DEATH EASE OR CON ATE OF OPERA	ONDITIONS, IF A VE CAUSE (A) S' ONDITION LAST.  II  NT CONDITIONS H BUT NOT RE IDITION CAUSING ATION 198, CON WAS PER	CONTRIBUTING THE LATED TO	(C)NG HE WHICH OPERATION PLACE OF INJURY (c.	N , in or obout 21C.	O WHERE DID	IN CERTIFYING	CAUSES OF D	EATH?
CAL CATION OTION O	EASES OR CO	ONDITIONS, IF A IVE CAUSE (A) S' ONDITION LAST.  II INT CONDITIONS H BUT NOT RE IDITION CAUSING ATION 198, CON WAS PER ISEE WAS ONTRIB-	CONTRIBUTING THE LATED TO	(C)	Notice bldg.	O WHERE DID	IN CERTIFYING	CAUSES OF D	EATH?
MEDICAL CERTIFICAL ON THE CATION OF THE CATI	EASES OR CO TO THE ABO DERLYING CO  HER SIGNIFICA THE DEATH EASE OR CON ATE OF OPERA  KTERNAL CAU LYING SOR C CAUSE OF	ONDITIONS, IF A VE CAUSE (A) S' ONDITION LAST.  II  NT CONDITIONS H BUT NOT RE IDITION CAUSING ATION 198, CON WAS PER  USE WAS ONTRIB- DEATH.	CONTRIBUTII LATED TO TO IT. IDITION FOR Y FORMED  218. home etc.)	(C)NG HE WHICH OPERATION PLACE OF INJURY (e., form, foctory, sheet	n or obout 21C. office bldg., INJUI	WHERE DID (	IN CERTIFYING	CAUSES OF D	EATH?
AEDICAL CERTIFICATION AND STATE OF THE OF TH	EASES OR CO TO THE ABO DERLYING CO  HER SIGNIFICA THE DEATH EASE OR CON ATE OF OPERA  KTERNAL CAU LIVING MOR C  CAUSE OF  ME (Montury)	ONDITIONS, IF A IVE CAUSE (A) S' ONDITION LAST.  II INT CONDITIONS H BUT NOT REI IDITION CAUSING ATION 198, CON WAS PER USE WAS ONTRIB- DEATH.	CONTRIBUTII LATED TO TO IT. IDITION FOR Y FORMED  218. home etc.)	(C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e., form, foctory, sweet  HOME  1E. INJURY OCCURRE	office bldg. NO 21C. 1NJU	WHERE DID (RY OCCUR? 06 Eagle	If in Boltimore Cite Street  RY OCCUR?	CAUSES OF D	EATH?
MEDICAL CERTIFICATION NAMEDICAL CERTIFICATION NAMEDICA	EASES OR COTO THE ABODERLYING COTO THE DEATH EASE OR CON ATE OF OPERACTION OF COTO THE COTO T	ONDITIONS, IF A VE CAUSE (A) S'ONDITION LAST.  II  NT CONDITIONS H BUT NOT REIDITION CAUSING ATION 198, CON WAS PER  ISE WAS ONTRIB- DEATH.  1th) (Doy) (Yeo) 30 166	CONTRIBUTII LATED TO TO IT. IDITION FOR FORMED  218. home etc., i) (Hour) 2	CC)  NG HE  WHICH OPERATION  PLACE OF INJURY (e. form, foctory, street  HOME  TE. INJURY OCCURRE  WHILE AT	No., in or obout 21C. office bldg., INJUI 21C.  21 D 21F. F. T. WHILE X CO	where DID of OCCUR? 06 Eagle 10W DID INJU	If in Boltimore City Street RY OCCUR?	ty, give exoct	EATH?
MEDICAL CERTIFICATION NAME OF THE OF T	EASES OR COTO THE ABODERLYING COTO THE ABODERLYING COTO THE DEATH EASE OR CON ATE OF OPERAL CAUSE OF URY DX.)  I certify the	ONDITIONS, IF A VE CAUSE (A) S'ONDITION LAST.  II  INT CONDITION LAST.  H BUT NOT REIDITION CAUSING ATTON 198, CON WAS PER CONTRIB-DEATH.  16) (Doy) (Year 30 166	CONTRIBUTING THE  CONTRIBUTING THE  LATED TO	WHICH OPERATION  PLACE OF INJURY (e., form, foctory, sheet  HOME  ILE INJURY OCCURRE  WHILE AT NC VORK  Inspection X	No. office bldg., INJUI 21 D 21F. F WORK X ON	where DID (NY OCCUR?) 06 Eagle 10 W DID INJUING THE CONTROL OF THE	If in Boltimore Cite Street  RY OCCUR?	ty, give exoct	EATH?
WEDICAL CERTIFICATION  MEDICAL CARTIFICATION	EASES OR COTO THE ABODERLYING COTO THE ABODERLYING COTO THE DEATH EASE OR CON ATE OF OPERAL CAUSE OF URY DX.)  I certify the	ONDITIONS, IF A VE CAUSE (A) S'ONDITION LAST.  II  NT CONDITIONS H BUT NOT REIDITION CAUSING ATION 198, CON WAS PER  ISE WAS ONTRIB- DEATH.  1th) (Doy) (Yeo) 30 166	CONTRIBUTING THE  CONTRIBUTING THE  LATED TO	WHICH OPERATION  PLACE OF INJURY (e., form, foctory, sheet  HOME  ILE INJURY OCCURRE  WHILE AT NC VORK  Inspection X	office bldg., INJUI 21  21F. F WORK  Autapsy  N N CO N N N N CO N N N N CO N N N N N	where DID (NY OCCUR?) 06 Eagle 10 W DID INJUING THE CONTROL OF THE	If in Boltimore Ci  Street  RY OCCUR?  Lion.  s basis, death	ty, give exoct	EATH?
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  OLI 10	EASES OR COTO THE ABODERLYING COTO THE ABODERLYING COTO THE DEATH EASE OR CON ATE OF OPERAL CAUSE OF URY DX.)  I certify the resulted from CTUAL	ONDITIONS, IF A VE CAUSE (A) S'ONDITION LAST.  II  INT CONDITION LAST.  H BUT NOT REIDITION CAUSING ATTON 198, CON WAS PER CONTRIB-DEATH.  16) (Doy) (Year 30 166	CONTRIBUTING THE  CONTRIBUTING THE  LATED TO	WHICH OPERATION  PLACE OF INJURY (e., form, foctory, street HOME  IE. INJURY OCCURRE  WHILE AT NO VORK AT  Inspection X  Accident X  Suice	office bldg, INJUI 21  21F. F. WHILE X CO  Autopsy On CHIEF A	WHERE DID (RY OCCUR?) 06 Eagle 10W DID INJUING THE COMMENT OF THE	If in Boltimore Ci  Street  RY OCCUR?  Lion.  s basis, death	ty, give exoct	DATE SIGNED
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CARTERION  MEDIC	EASES OR COTO THE ABODERLYING COTO THE ABODERLYING COTO THE DEATH EASE OR CON ATE OF OPERAL CAUSE OF URY 11 Certify the resulted from the control of the con	DNDITIONS, IF A VE CAUSE (A) S'DNDITION LAST.  II  INT CONDITION LAST.  H BUT NOT REIDITION CAUSING ATION 198, CON WAS PER  USE WAS ONTRIB-DEATH.  ITH) (Doy) (Yeo) 30 166  The control of	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  LATED TO TO  IT.    218.   home etc.)   (Hour)   2   A           uses   A	WHICH OPERATION  PLACE OF INJURY (e., form, foctory, street Home  IE. INJURY OCCURRE  WHILE AT NO VORK  Inspection X  Accident X  Suice	office bldg., INJUI 21  21F. F WORK  Autapsy  N N CO N N N N CO N N N N CO N N N N N	WHERE DID ON OCCUR? OF Eagle OF THE PROPERTY O	IN CERTIFYING ( If in Boltimore Ci e Street RY OCCUR? LION. s basis, death Indetermined m AMINER AMINER	ty, give exoct	EATH?
RISIUN NO LINE CALL OF IN (APPR 22.	EASES OR COTO THE ABO DERLYING COTO  THE DEATH EASE OR CON ATE OF OPERA  KTERNAL CAU LYING MORE (MORE URY DIAN  I certify the resulted fro  CTUAL GNATURE XAMINER'S AME (Type)	II  NT CONDITION LAST.  II  NT CONDITION LAST.  H BUT NOT REIDITION CAUSING ATION 198, CON WAS PER  ISE WAS ONTRIB-DEATH.  ITH) (Doy) (Yeo) 30 66  Charles	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING LATED TO TO SIT.  IDITION FOR Y FORMED  218. home etc.)  (Hour) 2 A m. y  nquiry  uses  S. Pet	WHICH OPERATION  PLACE OF INJURY (e., form, foctory, street  HOME  TE. INJURY OCCURRE  WHILE AT NC VORK AT  Inspection X  Accident X  Suice	D. ASSISTANT A. ASSOCIATE	WHERE DID  RY OCCUR?  O6 Eagle  OW DID INJUITED  THE	IN CERTIFYING OF THE PRINCE CION.  S basis, death and the manner of the control o	in my apinio	DATE SIGNED
WEDICAL CARTER OF INC. TO THE CARTER OF INC. TO THE CARTER OF INC. TO THE CARTER OF INC.	EASES OR COTO THE ABO DERLYING CO  LER SIGNIFICATIVE LER SIGNIFICA	II  NT CONDITION LAST.  II  NT CONDITION LAST.  H BUT NOT REIDITION CAUSING ATION 198, CON WAS PER  ISE WAS ONTRIB-DEATH.  ITH) (Doy) (Yeo) 30 66  Charles	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING LATED TO TO SIT.  IDITION FOR Y FORMED  218. home etc.)  (Hour) 2 A m. y  nquiry  uses  S. Pet	WHICH OPERATION  PLACE OF INJURY (e., form, foctory, street Home  IE. INJURY OCCURRE  WHILE AT NO VORK  Inspection X  Accident X  Suice	D. ASSISTANT A. ASSOCIATE	WHERE DID  RY OCCUR?  O6 Eagle  OW DID INJUITED  THE	IN CERTIFYING ( If in Boltimore Ci e Street RY OCCUR? LION. s basis, death Indetermined m AMINER AMINER AMINER	ty, give exoct	DATE SIGNED
WEDICAL CERTIFICATION  NOTION  OLIVERATION  MEDICAL CARTIFICATION  OLIVERATION  OLI	EASES OR COTO THE ABO DERLYING CO  HER SIGNIFICATIVE DEATH EASE OR CON ATE OF OPERA  KTERNAL CAU LIVING MORE LIVIN	DNDITIONS, IF A VE CAUSE (A) S'ONDITION LAST.  II  INT CONDITION LAST.  II  INT CONDITIONS H BUT NOT REI  IDITION CAUSING ATION 198, CON WAS PER  ISSE WAS ONTRIB- DEATH.  ITH) (Doy) (Yeo) 30 '66  Int I held on I  am: Naturol cau  Charles  IN, 238. DATE	CONTRIBUTIL LATED TO T GIT.    218.     home etc.)   (Hour)   2   A   m.     vses   A     S. Pet   23	WHICH OPERATION  PLACE OF INJURY (e., form, foctory, street  HOME  TE. INJURY OCCURRE  WHILE AT NC VORK AT  Inspection X  Accident X  Suice	No. office bldg., INJUI 21 D 21F. H. T. WHILE X CO. Autopsy OI. Side Homic CHIEF M. ASSOCIATE STANT M. ASSOC	WHERE DID  RY OCCUR?  O6 Eagle  OW DID INJUITED  THE	IN CERTIFYING OF THE PRINCE CION.  S basis, death and the manner of the control o	in my apinio	DATE SIGNED



Such

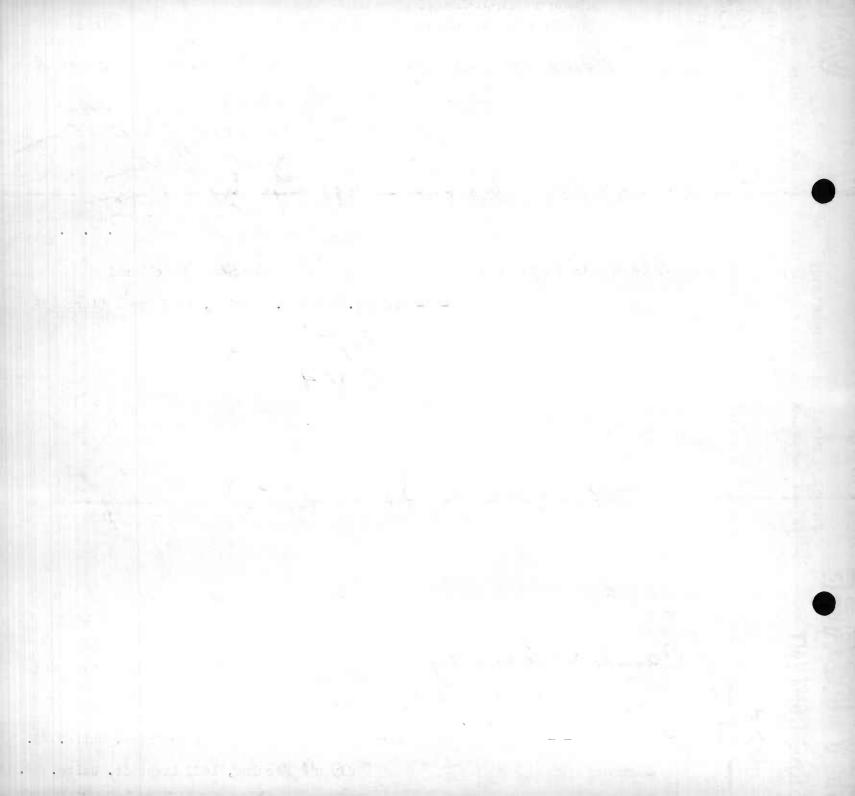
BALTIMORE CITY HEALTH DEPARTM	TP	
-------------------------------	----	--

CED	Apple to the last		-	OF	DEA	2011
		( A			DEA	ΙН.

Registered No.	66 12046

Pleming, 1422 Light St. Balto. Md.

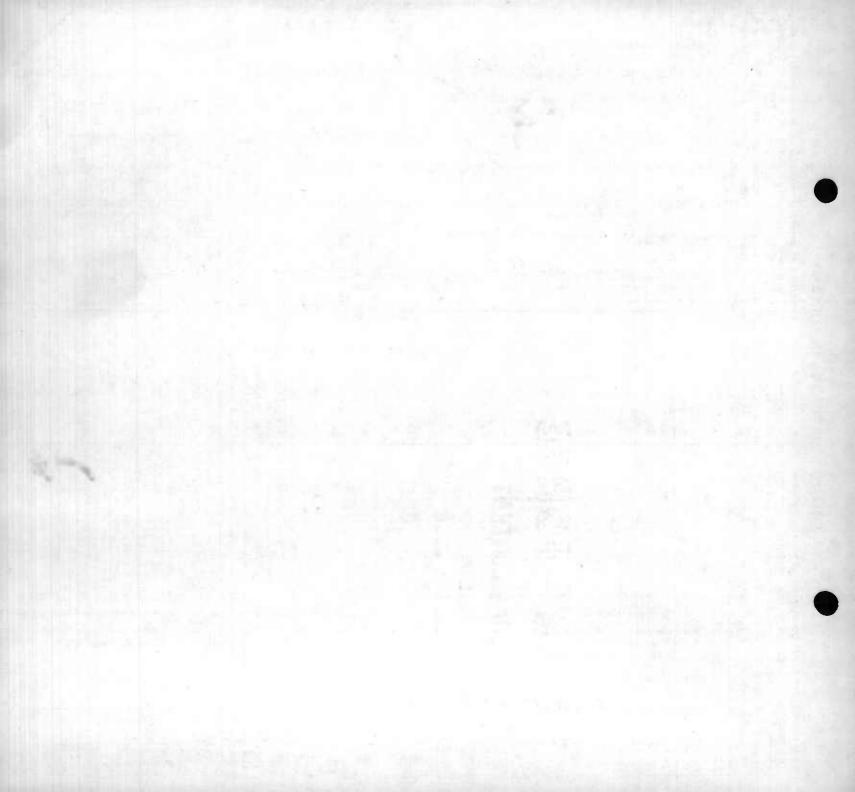
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 121190
1. NAME OF DECEASED	-	2. DATE AND	HOUR OF DEATH	•
(Type or Print) HELEN G.	Fanning	4. USUAL RESIDENCE (Where	30-66	18:00 A.N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Janin 1 mg	4. USUAL RESIDENCE (Where	deceased lived. If ins	striution: residence before admission)
FULL NAME OF ((If not in hospital or institution		Manula	-1	
FULL NAME OF ((f not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	i, give sheet	C. CITY OR TOWN / (If outs	ide city limits, write R	URAL and give winship
A 3		1 12 11.	nore #	21225
	. /1	D. STREET ADDRESS III	urol, give lacation)	2/220
South Baltimore GEN	Frol Hosp	1105 St	Il Alad	JE.
SEX 6. RACE 7. MARRIE	D, NEVER MARRIED		. AGE (In years	If Under 1 Yr., If Under 24 Hrs
F White	VED, DIVORCED (specify)	9-28-05	ost birthday)	Manths Days Haurs Min,
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	n country)	12. CITIZEN OF
one during most of working (ife, even if retired)	1-211	n 11.	mal	WHAT COUNTRY?
3. FATHERS NAME	EPK.	Baltimore	Ina.	U. S. A.
11 11 11 11	,	14. MOTHER'S MAIDEN NAM	,	
Hdam GPE905K		ThEOde	ske Kong	chinski
5. Was Deceased Ever in U. S. Armed Fayles? es,no or unknown) (If yes, give wor or dotts of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Mr. Harry W. Far	ming. 1005	Stoll Place #25
18. 2 2 / / /	CAUSE OF		militing, 1000	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		c ·		ONSET AND DEATH
LEADING TO DEATH	(4)	Leplinen	(a	
(This does not mean the made of dying, e.				
heart failure, asthenia, etc. It means the diseast injury ar camplication which caused death.)	,e,	2 1/A		
ANTECEDENT CAUSES	(B)	_ V / I		
DISEASES OR CONDITIONS, if any, givin	DUE TO			
rise to the above cause (A) stating 1				
UNDERLYING CONDITION last.				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	IN C	.4		
OTHE DEATH BUT NOT RELATED TO	THE			
OISEASE OR CONDITION CAUSING IT.	R WHICH OPERATION	20A, AUTOPSY? (Yes ar No)	20B, IF YES. WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		20 A. AUTOPSY? (Yes ar No)	IN CERTIFYING CAL	JSES OF OEATH?
D 21A. ACCIDENT WAS UNDERLYING 2	18. PLACE OF INJURY (e.g., in	ar obout 21C. WHERE DIO	(tf in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF CAUSE	iome, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		
<u>U</u>	TE INTILOY OCCUPAND	215 HOW OLD 1911	INV OCCIINA	
OF INJURY	TE INJURY OCCURRED  While At   Not While	21F. HOW OID INJU	INT OCCUR?	
	Work Al Work			
22. I certify that # (this hospital) attended	the deceased from	11-6	9 6610	11- 19 30
that (F) (we) lost saw the deceased alive or	11-30			
and hour and from the causes stated above.	. ,		,	
23A. SIONATURE	(1, (1.5) (5.5) (6.6 16.1) (	ine odaj dilet dedilit		238, DATE SIGNED
Camelo Gala	M.D. Atte	nding Med.	Stoff 2	
23 C. PHYSICIAN'S	Phy!	s. Director F	Phys. 2	11-30-66.
23C. PHYSICIAN'S NAME (Type)	,	J J	1201	
Camilo C, Bal	a cuit, Ur. M.O.	12131194	10 06	
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24%. LO	CATION (Cit	y, town, or county) (State)
	odlawn Cemetery	2130	Woodlawn I	Drive, Balto. Md.
	E OF REGISTRAR	25C. FUNERAL DIRECTOR	MOOUTUMII I	ADDRESS



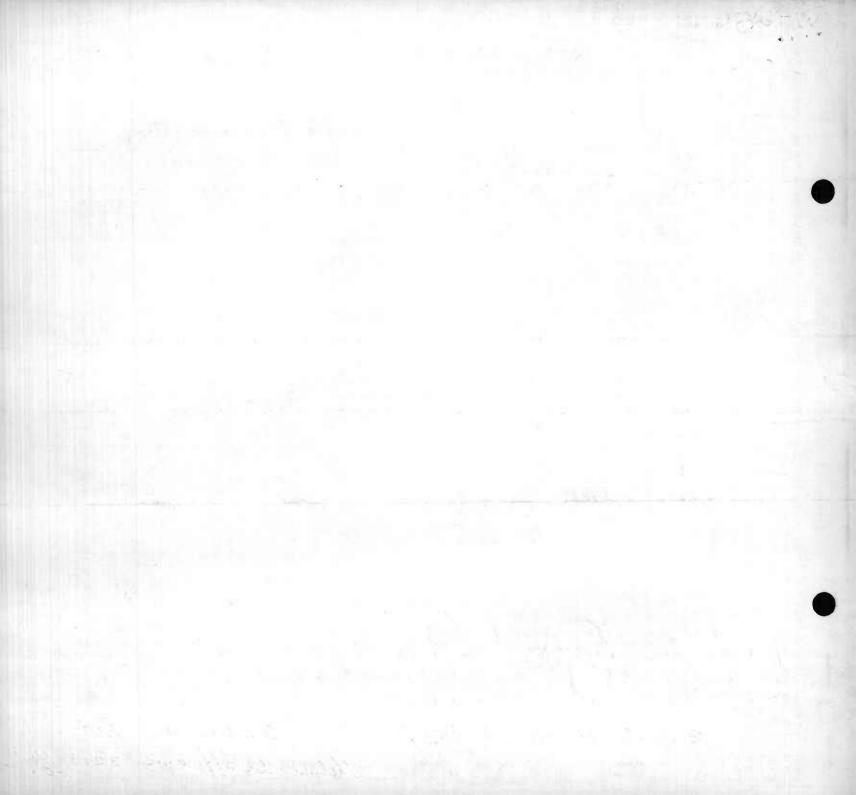
BIRTH NO,  M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR oddress or locotion)  (If not in hospital or institution, goddress or locotion)	CERTIFICATE O	F DEATH Reg	istered Na. GO	1204
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, goddress or location)				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, goddress or location)		DECEMB		2 55 AM
INSTITUTION	4. USUA A, STATI	RESIDENCE (Where deced B. COUNTY ATHLANA	sed lived. If institution: res	
34 Bon Secour		allimore	ve Ignotion)	/
V. W. Wilder		28-1899 9. JGE log birth	(In years of Under Months) [	Doys Hours
done during most of working life, even if retired)  The state of the s	Ba	LLO. Maryk HERS MAIDEN NAME	WHA	COUNTRY?
Suwall		2. /		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  UNKnown	16. SOCIAL SECURITY NO. Mr. 401	Mathew L. Pint Kingston Rd.		ADDRESS
18. 4 2 0 , 0 I	CAUSE OF DEATH		11	NSET AND DE
LEADING TO DEATH (This daes nat mean the made of dying, e.g.,	(A) Congestiv	ve Hart FAI. Verotic Heart	Lure	years
hearl failure, aslhenio, etc. II means the disease, injury ar complicotion which coused deoth,)  ANTECEDENT CAUSES	(B) Arteriose	lerotic Heart	Uisease	years
DISEASES OR CONDITIONS, if any, giving tise to the abave cause (A) stating the UNDERLYING CONDITION lost.	CC)			<i>*</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				1
19 A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION 20A.	AUTOPSY? (Yes or No) 20B. IN C	F YES, WERE FINDINGS OF DERTIFYING CAUSES OF DE	ONSIDERED EATH?
OR CONTRIBUTING CAUSE OF hom	PLACE OF INJURY (e.g., in or obout e, form, foctory, street, office bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltimore City, give	exoct locotion)
DEATH (notify medical examiner)		21 F. HOW DID INJURY OF	CCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	le At Not While	I W DID MOOK! O		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. Whi (APPROX.)  22. 1 certify that (this hospital) attended the	le At Not While At Work  Not While At Work  No Well  No Well  No Well	MBER 29 19 66	to Decei	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. White (APPROX.)  22. I certify that (Month) (by (this hospital) attended the that (Month) (we) lost saw the deceased alive on	le At Not While At Work  ne deceased fram NOVE	4BER 29 19 66	to Decei	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. Whi (APPROX.)  22. 1 certify that (this hospital) attended the	le At Not While At Work  ne deceased fram NOVE	4BER 29 19 66	to Decer	accurred an
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. Whit (APPROX.)  22. I certify that (I this hospital) attended the that (I) (we) lost saw the deceased alive on and hour and fram the causes stated above. (I 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) H. W. M.	Not While At Work  The deceased fram NOVE  DECEMBER 19  (We) (did) (did not) view the  M.D. Attending Phys.  A.D. ADD  M.D. ALLENDING M.D.	MBCR 29 19 66 66 ond that in 6 bady after death.  Med. Director Stoff Phys. Ress	Decension death Decension death Decension Dece	accurred an
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. White (APPROX.)  22. I certify that (I this hospital) attended the that (I) (we) lost saw the deceased alive on and hour and fram the causes stated above. (I 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	Not While At Work  The deceased from NOVE  December 19  (We) (did) (did not) view the  M.D. Attending Phys.  23D. ADD  M.D.  AME of CEMETERY of CREMATORY  W Cathedral Cem.	MBCR 29 19 66 bady after death.  Med. Stoff Phys. RESS	our) apinion death  23B. DATE  Dec  OURS  N (City, town, or	accurred an

hand break ----Empestive Hart FAILURE Anterioraterrota Heart Discare NEVENBER 17 BON SECOURS HOSPILE

	00 1004	0	BALTIMORE CIT	Y HEALTH DEPARTMENT		\ /	
BIRTH NO.	66 1204	Ö	CERTIFICA	TE OF DEATH	Registered No	·X 66 12048	
INAME OF DE	CEASED		185	2. DATE A	ND HOUR OF DEAT	H S	
Type or Print)	John W. S	slotter	^	11-2	6-66	10:05 A	
PLACE OF DE	EATH IN BALTIMORE, MAI	RYLAND	14 ph	4. USUAL RESIDENCE (Wh	ere deceased lived. II	institution: residence belore admission	
FILL MAAR	0.5 0/ . 1 1 1 1 14	11. 414	4.00	Maryland		10	
HOSPITAL OR	OF (If not in hospital a oddress or location	) institution, g	ive street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
INSTITUTION	- 1	1				1.3	
10	1 1	il	1.1	D. STREET ADDRESS	rural, give location)	60-00	
Maryla	ind General	1-05p	Tal	Rte	175		
SEX	6. RACE	7 AAADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1 W 11-1 3 V- W 11-1 24 W-	
200	~	WIDOWED	, DIVORCED (specify)	o. DATE OF BIRTH	lost birthdoy	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.	
10	letrucasiun	M		10-18-90	76		
	CUPATION (Give kind of work f working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
O	0	Hortic	. 14 1	Person al		USA	
FATHER'S NA	ME	10% (15	hilurai	14. MOTHER'S MAIDEN NA	ME	0(3.7	
	2 00	A		7	R		
Tan	mus Slo	tter		Canin 1	Drawn		
. Was Decease	d Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
1/100	7	or service,	SECURITY NO.	111.410	1 +		
Yes			220.44.1035	Hospital	harl		
18.60	0,01		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION DIR	ECTLY		10	1 0	, , ,	
(This door	LEADING TO DEATH	duin a second	(A) Chu	onic Pyplonepl	aritisc Ken	al .	
	nat mean the made of , osthenia, etc. It means		DUE 10		Fai	lare	
injury ar ca	mplicolian which caused	death.)					
	ANTECEDENT CAUSES		(B)		000000000000000000000000000000000000000	***************************************	
DISEASES	OR CONDITIONS, if a	ny, giving	201.0				
rise to th	ne above cause (A)		(C)				
UNDERLYIN	G CONDITION lost.						
7	11			0 + 0	1	6 years	
V TO THE	DEATH BUT NOT RELA	ONTRIBUTING	Hemorrhage	- Gastric Po	14 %		
	CONDITION CAUSING IT						
19A. DATE O	F OPERATION 198. CONE	ORMED L	HICH OPERATION	20 A. AUTOPSY? (Yes at N	a) 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
×(2)11-25-	661 (2)	JGI BIG	odini	N. e	100	Addition Death.	
DE CONTRIB	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY le.g.,	in or obout 21 C. WHERE DID	(II in Boltim	ore City, give exact location)	
DEATH (notil	y medical examiner	etc.)	e, torm. lociory, street, o	office bldg., INJURY OCCUR?	Uo		
	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	IIIDY OCCUPS		
S OF INJURY	(Totalinia (Doy) (Teal)			. 1	JORT OCCOR:		
(APPROX.)	No	Wor		P	0		
22. L certify	y that (+) (this hospital)	attended th	e deceased from /	1-3	19 66 10	1 - 26 1966	
	) last saw the decease		11 - 26 -				
mor (+) (we	) lost sow the decease	dilve on		19Q.Qond †	hat in (my) (our) a	pinion death accurred on the do	
		ed above. (H	(We) (did) (did_net)	view the body after deoth.			
23A. SIGNATURE						238. DATE SIGNED	
	Prom Cl. A	P. 1 00)	M.D. At	ending Med.	Stoff Phys.	11-21-61	
23 C. PHYSICI	ANS	(	1	23D. ADDRESS	,	11 26 00	
NAME (	Type)	1	- 40				
	HENRY 1	H. JA	TON IZ M.D.				
4A. BURIAL CR	EMATION, 248. DATE	24C. NA	ME of CEMETERY of CE	EMATORY 24D.	LOCATION	City, town, or county) (Slote)	
Ber	0 1	11 W	1, 1, 1	as Marke	11/10	Mrs	
5A. DATE REC'S	- OL/	25B. NAME O	E REGISTRAR	25C. FUNERAL DIRECTO	Rockey	ADDRESS	
	DEC 2 1966 A	P. Dag Fol	E. Jalenney	of Wall	3/	1 0 05	
		work.	D. Charles	Medull	Wandla	der Raund Ma	
/S 150-REV. 1/1/	/65						

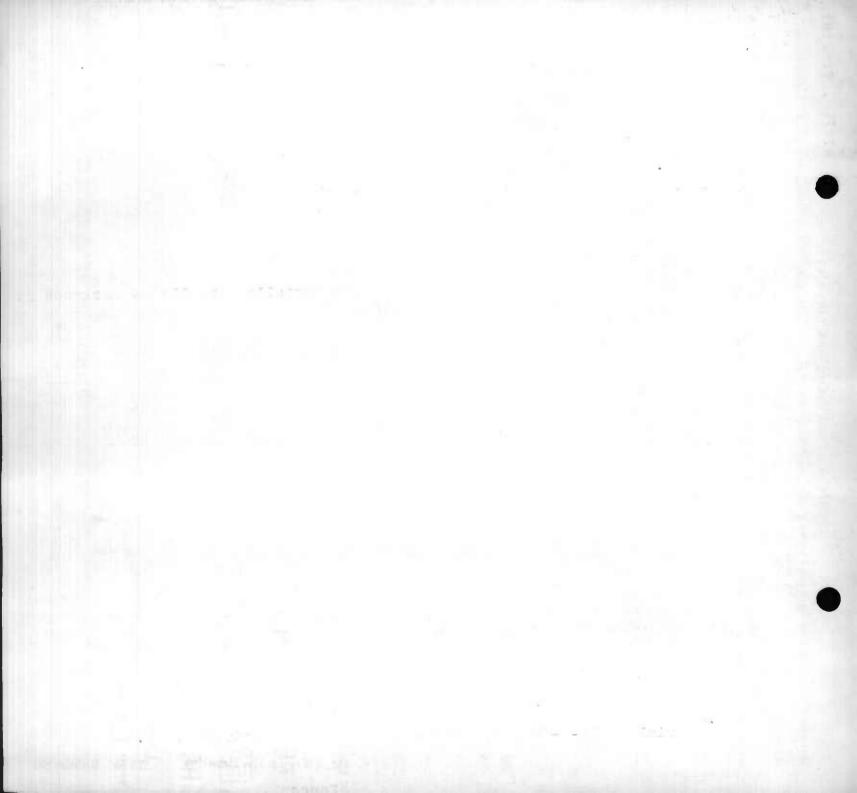


VS 150-REV. 1/1/65



Frances

VS 150-REV. 1/1/65

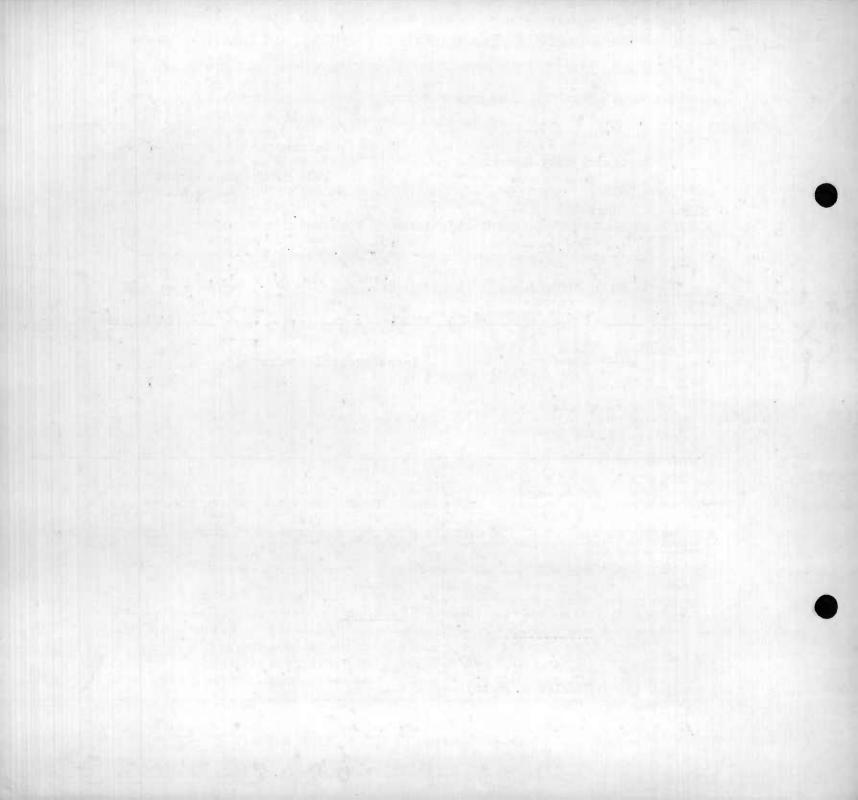


2	BIRTH NO. 66 12051	CERTIFICA	TE OF DEATH	Registered No.	36 12051		
	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print) / OWARD BAI  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  COULD DECEASED	RIH PELT	Z 11-30	deceased lived. If inst	M.  illulion: residence before admission)		
	FULL NAME OF (If not in hospital or institution address or location)	on, give street	A. STATE  8. COUNTY  Md  C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
	90 6116 Belain	Baltimore  D. STREET ADDRESS (If rurol, give locotion)  11 Walnut Avenue 21202					
	MALZ 6. RAGETUTE 7. MARRI	8. DATE OF BIRTH 9.	AGE (In years st bi(th) ay)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	of Business or Industry femployed	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
	Painter Sel:	Roanoke Va.	U.S.A.				
.	John Peltz		Unknown Barth	ن در در ا			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of servic	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Ц	No	212-40-7957	Mrs Gertrude E	. Peltz 11			
	DISEASE OR CONDITION DIRECTLY	CAUSE O	1		ONSET AND DEATH		
	LEADING TO DEATH	(A) Cene	bul Vascular H	ccident	2 uts.		
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATM  (This daes not mean lihe made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITIONS to the course (A) stating the UNDERLYING CONDITION lost							
}	ANTECEDENT CAUSES	Men					
	DISEASES OR CONDITIONS, if any, giving the state of the condition of the condition last.	earlyis					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Covere astron Houts of Bludder Malignery.  DISEASE OR CONDITION CAUSING IT.						
	OTHER SIGNIFICANT CONDITIONS COUNTIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 17.  19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED		
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
	OF INJURY	21E. INJURY OCCURRED  While At Not While Work At Work		RY OCCUR?			
22. I certify that (I) (this hospital) attended the deceased fram 1956 19 ta 11-30							
	that (I) ( lost saw the deceased alive a and hour and from the couses stated above	Ion death occurred an the date					
	23A. SIGNATURE				23B. DATE SIGNED		
	23C. PHYSICIAN'S I	Phy		toff hy s.	11-30-66		
	NAME TYPE JOHN C. 14	rale M.D.	1527 Below	i Rel Ba	elli36md		
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME OF CEMETERY OF CRI	MATORY 24D. LOC	CATION (City	, town, or county) (Stote)		
	70 1 20 1 20 1 20 1	Parkwood Cemete	ry Bal	timore	Md		
		AE OF REGISTRAR	25C. FUNERAL DIRECTOR	141 Olbring	Hall Elia Pa		
and the same of	VS 150-REV. 1/1/65 2 1986 (D 0 9	F-SE VEG. IV., BAY	ACOMEUNIOR	UN I TOM	11010anuilla		

8 48.

British St. March 1 -- --

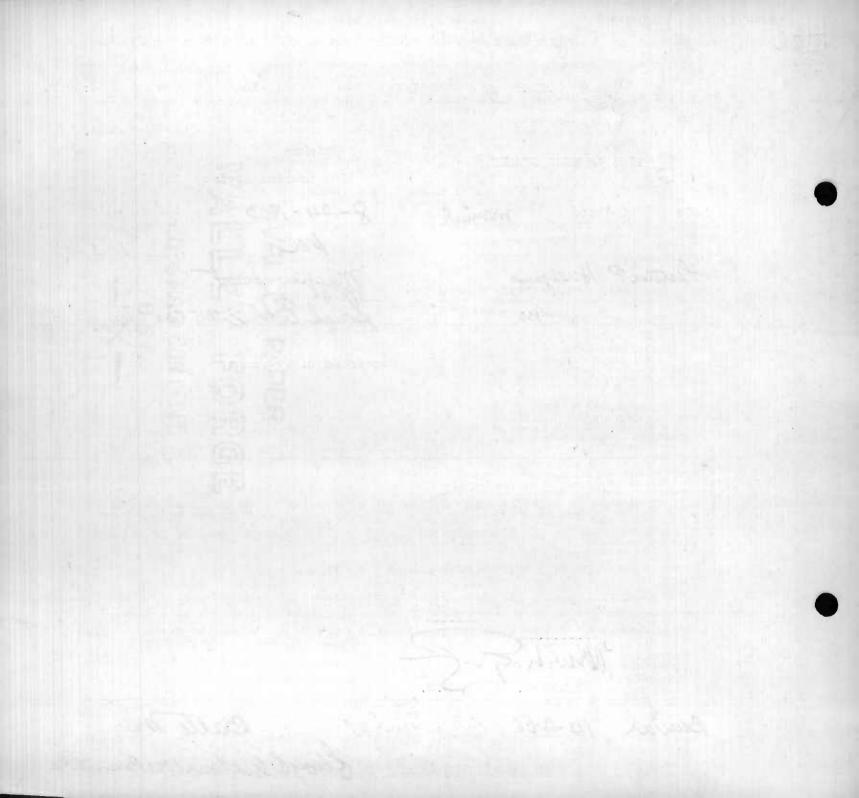
5-31	BALTIMORE CITY HEALTH DEPARTMENT  66 12052  BIRTH NO.  M.E. CASE NO.  BALTIMORE CITY HEALTH DEPARTMENT  66 12052  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.							
	1. NAME OF DECEASED (Type or Print)  RUTH  STEVENSON  2. Date and hour pronounced dead November 29, 1966 7:40 P							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY							
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
7	Baltimore City Hospitals  Baltimore (If rurol, give locotion)  Baltimore (If rurol, give locotion)							
7"	3 / 1604 N. Chester Street							
	Male  Negro  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Negro  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Oct 25-1909  9. AGE (in yeors lif Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.							
	10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?							
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (1)							
	John Stereuson Fillie Kickmonel							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.							
	CAUSE OF DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Intracerebral Hemorrhage.							
	(This daes not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
	(C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED YES IN CERTIFYING CAUSES OF DEATH? YES							
	Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) home, farm, foctory, street, office bldg., INJURY OCCUR?							
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE WORK  AT WORK							
	22.   Certify that I held an Inquiry   Inspection   Autopsy   and that an this basis, death in my opinion							
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER							
	SIGNATURE ( Leicles ) Takes M.D. ASSISTANT MEDICAL EXAMINER X							
	EXAMINER'S NAME (Type) Charles S. Petty ASSOCIATE MEDICAL EXAMINER 11/30/66							
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)							
	24A, DATE REC'D BY HEALTH DEPT. [24B, NAME OF REGISTRAR [24C, FUNERAL DIRECTOR ADDRESS							
	DEC 2 1966, P. G. E. J. Burn Lucy O all bloom 1000 Beauth like							
	Jane william of the second of the second of the							



H-325 BIRTH NO. 66 12053

BALTIMORE CITY HEALTH DEPARTMENT

66 12053 BALTIMORE CITY HEA	RE 10 miles					
BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.					
M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD					
LUTHER & HUDGINS	11-28-66 4:20 P. M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY Maryland					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
1706 TAUDING GENERAL	Baltimore 15-02					
1706 LAURENS STREET	D. STREET ADDRESS (If rurol, give location) 1706 Laurens Street 21217					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.					
Male Colored WIDOWED, DIVORCED (specify)	8-24-1903 lost birthday Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
done during most of working life, even if retired)	WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Futher P. Huchins	margine Lineat					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANI ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	I PD. n 1 D. A DA					
118.	Darch With 110 abouton St					
(AUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(This does not mean the mode of diana e.g. (A)	arcinoma of bronchus					
head failure, asthenia, etc. It means the disease, injury or complication which coused death.)						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
(C)						
II III						
OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION						
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED					
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	, in or obout 21C. WHERE DID (If in Boltimore City, give exact location)					
UTING CAUSE OF DEATH.	office bldg., INJURY OCCUR?					
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?					
OF INJURY	WHILE					
	WORK					
I certify that I held on Inquiry Inspection X Au	utopsy ond that on this bosis, death in my opinion					
resulted from: Notural couses X Accident Suicio	de Homicide Undetermined monner					
CHIEF MEDICAL EXAMINER						
ACTUAL ASSISTANT MEDICAL EVANIMED Y						
SIGNATURE AND TO THE MACE	ASSOCIATE MEDICAL EXAMINER 11-28-66					
NAME (Type) WERNER U. SPITZ, M.D.	ASSOCIATE MEDICAL EXAMINER.					
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or coonty) (Stote)					
Busines In 366 net Parles	Cat mox					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS						
	la mila					
DEO 2 1966 P. Q. & Enterprise	o plooy & west 1000 Beauty R-					
VS 151-REV. 1/1/65						



armang baland below of

dance of a

moder to second whose residence)

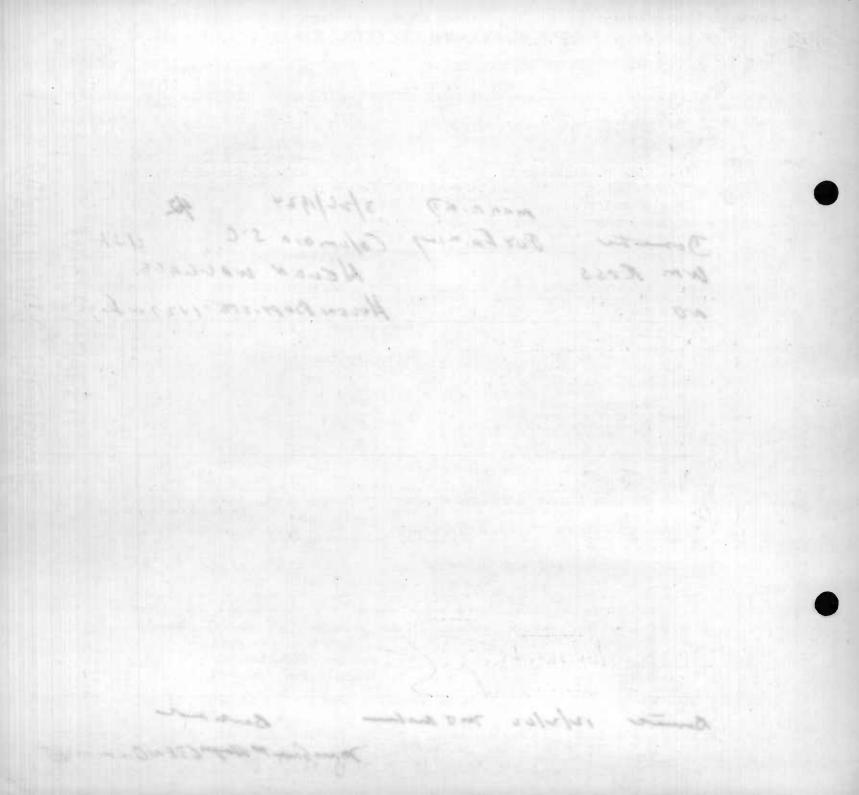
Q VOCA

Danne C Hodinh War Heberes & String Its

But to style property But and the telester

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12055

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)		2. D/	ATE AND HOUR PRONOUNCE	
	othy Sessomes	TA HEHAL DESIDENCE	11/27	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	FRONOUNCED DEAD	IA. STATE	B, COU	tution: residence before admission
	R INSTITUTION, GIVE STREET		'yland If outside corporate limits, write	RURAL ond sur township
HOSPITAL OR ADDRESS OR LOCATION	<b>V</b> )			7-02
			ltimore	( 1
00 214 N. Stricker	St.	D. STREET ADDRESS	4 N. Stricker S	t.
5. SEX   6. RACE   7. A	AARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
remale colored	nan Ribbergeily)	3/26/192	4 lost birthdoy	Months, Days Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working life, even if retired)		RY 11. BIRTHPLACE (Stote	ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
1) comether of	uy tomining	(0/2m3/1	. ~ ~	U.JA
13. TATHER'S NAME		14. MOTHER'S MAIDEN		r. K
Wm Ross		HELD	N WALLA	
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown), (If yes, give wor or dotes of		17. INFORMANT		ADDRESS
NO		HELON BA	PT1576-142	7 w. Lay 6796 30
JB. 002.1.	CAUS	E OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	m y			ONSET AND DEATH
LEADING TO DEATH	Pulm	onary tubercu	losis	
(This does not mean the mode of dyir heart failure, asthenia, etc. It means the	disease,			
injury or complication which caused death	1.)			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY,	GIVING DUE TO			
RISE TO THE ABOVE CAUSE (A) STATINUNDERLYING CONDITION LAST.	NG THE			
Z	(C)			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE				
DISEASE OR CONDITION CAUSING IT.	ON 500 WHICH ONE	Took AllTORNA W	N. VIOOR OF MEET ALERS FOR	UDINGS CONCIDENCE
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION		or No. 208. IF YES, WERE FIN	
.17	DIR BLACE OF INILIBY to a	no	E DID (If in Boltimore City, gir	us exact location)
V 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	home, form, foctory, street, etc.)	office bldg., INJURY OC	CUR?	ve exect localion/
21D TIME (Month) (Doy) (Year) (	Hour 21E. INJURY OCCURRED	21F. HOW D	ND INJURY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NOT	WHILE		
22.	m. WORK AT	WORK		
I certify that I held on Inqui	iry Inspection A	utapsy and tho	t on this basis, deoth in m	y opinion
resulted from: Natural couses	Accident Suici	de Homicide	Undetermined manne	or
1	1571-		AL EXAMINER	DATE SIGNED
SIGNATURE METALS	n.612/	D. ASSISTANT MEDIC	AL EXAMINER 🔀	DATE STORED
EXAMINER'S		ASSOCIATE MEDIC		11/27/66
23A. BURIAL CREMATION, 23B. DATE	Spitz M.D.	or CREMATORY	23D. LOCATION (City,	town, or county) (Stote)
REMOVAL (Specify)	6 mo auch		Burnon	
una 10/0/0				ADDRESS
24A. DATE REC'D BY HEALTH DEPT.	B. NAME OF REGISTRAR	24C. FUNERAL DI	RECTOR	ADDRESS



	E CASE NO.  NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD	
СТУ	pe or Print)	ALICE		GAITHER		Novem	ber 29, 196	66	3:10 P M
3.	PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONOU		4. USUAL RESIDE		eceased lived. If insti		before admission)
EII	II NAME OF	UE NOT IN HOSPI	ILLITZIAL OD LATI	TIANI CIVE STREET	Mar	yland			7-0
HC	LL NAME OF	ADDRESS OR LOC	CATION)	TION, GIVE STREET	C. CITY OR TOW	N (If outside	corparate limits, write	RURAL ond g	ve township)
						timore			
31/2	Frankli	in Square Ho	spital		D. STREET ADDRI				
-	e P.V	I. DA CP	7 44 4 00 1 50	NEVER MARRIED	B. DATE OF BIRTH	. N. Bru	ce Street	Tit Hadas 1 V	r, If Under 24 Hrs.
3.	SEX	6. RA CE		IVORCED(specify)	8-25-	1900	9. AGE (In years last birthday)	Months Day	s   Hours   Min.
	Pemale	Negro	SEPA	NATED			57	12 CITIZENI	
10/	during most of w	UPATION (Give kind of wo working life, even if retired		BUSINESS OR INDUSTR			AR	12. CITIZEN C	DUNTRY?
ا	Jomes		FUT O-	with	WINNS		0.0.	USX	
13.	BLA B	0			4	_			
1				1/ 50 0141	LOTTIE	CALDE	NOLL	ADDRESS	
(Ye	s, no or unknown)	O EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT		unnell		RAMMA
	NO		21	4-22-385	16/1303	6TNQ	unnech	000 10.	5,00000
	1B. 4	3 X		CAUS	E OF DEATH				ERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY						
	X	LEADING TO DEA	TH		rtensive Ca	ardiovas	cular Dise	ase.	**************************************
	heort foilure,	not meon the mode , asthenia, etc. It meo mplication which cause	ons the disease,	DUE TO					
	Injuly of col	improducti winer cocce	0 0001111						
	Α.	ANTECEDENT CAUS	233						
				(B)					
	DISEASES O	OR CONDITIONS, IF	ANY, GIVING	(B)DUE TO		•••••			· · · · · · · · · · · · · · · · · · ·
Z	DISEASES O	OR CONDITIONS, IF	ANY, GIVING	(B)					
NOIL	DISEASES O	OR CONDITIONS, IF	ANY, GIVING						
CATION	DISEASES OF THE UNDERLYIN	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST	ANY, GIVING STATING THE T.	(C)					
FICA	DISEASES OF THE UNDERLYING OTHER SIGN TO THE DISEASE OF THE DISEAS	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO TH	(C)					
ERTIFICA	DISEASES OF THE DISEASE OF THE DISEA	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO THOU IT.	(C)G	20A. AUTOPSY?		OB, IF YES, WERE FI		
FICA	DISEASES OF THE DISEASE OF THE DISEA	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST	ANY, GIVING STATING THE T.  AS CONTRIBUTING RELATED TO THOUGHT.  DINDITION FOR WERFORMED	G TE VHICH OPERATION	No	41	N CERTIFYING CAU	SES OF DEATH	?
CAL CERTIFICA	DISEASES RISE TO TH UN DERLYIN  OTHER SIGH TO THE DISEASE OF  19A. DATE OF	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  II NIFICANT CONDITION DEATH BUT NOT IN R CONDITION CAUSII F OPERATION 19B. CO WAS P	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO THOSE IT.  DONDITION FOR WERFORMED  21B. Phome,	(C)G	No	HERE DID (II	N CERTIFYING CAU	SES OF DEATH	?
ERTIFICA	DISEASES RISE TO TH UN DERLYIN  OTHER SIGH TO THE DISEASE OF  19A. DATE OF	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO THOUGHT.  DINDITION FOR WERFORMED	G HE COPERATION	No	HERE DID (II	N CERTIFYING CAU	SES OF DEATH	?
CAL CERTIFICA	DISEASES RISE TO TH UNDERLYIN  OTHER SIGH TO THE DISEASE OF  19A. DATE OF  21A. EXTERNAL UNDERLYING UNDERLYING UNING CAU  21D TIME	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  INTECANT CONDITION DEATH BUT NOT IT OF CONDITION CAUSIF OPERATION 19B, CO WAS PI  IL CAUSE WAS OR CONTRIB- ISE OF DEATH.	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO THOUSE IT.  DINDITION FOR WERFORMED  21B. Phome, etc.)	G IE  VHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,	NO in or about 21C. W office bldg., INJURY	HERE DID (II	N CERTIFYING CAU	SES OF DEATH	?
CAL CERTIFICA	OTHER SIGN TO THE DISEASE OF THE DIS	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  INTECANT CONDITION DEATH BUT NOT IT OF CONDITION CAUSIF OPERATION 19B, CO WAS PI  IL CAUSE WAS OR CONTRIB- ISE OF DEATH.	ANY, GIVING STATING THE T.  AS CONTRIBUTIN RELATED TO THOM OF THE TOTAL THE	G HE VHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,	in or about 21C. W office bldg., INJURY	HERE DID (III	N CERTIFYING CAU	SES OF DEATH	?
CAL CERTIFICA	OTHER SIGN THE DISEASE OF INJURY (APPROX.)	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  (I) NIFICANT CONDITION DEATH BUT NOT IN OR CONDITION CAUSIF FOPERATION 19B, CO WAS P  (IL CAUSE WAS DOOR CONTRIB- ISE OF DEATH.  (Month) (Doy) (You	ANY, GIVING STATING THE T.  AS CONTRIBUTIN RELATED TO THOUSE IT.  DIDITION FOR WERFORMED  218. Phome, etc.)  ear) (Haur) 21  m. W	G IE  VHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT ORK AT N	NO in or obout 21C. W office bldg, INJURY  21F. HO WHILE	HERE DID (III	in Boltimore City, gi	SES OF DEATH	?
CAL CERTIFICA	DISEASES RISE TO TH UNDERLYIN  OTHER SIGI TO THE DISEASE OI  19A. DATE OF  21A. EXTERNA UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING OF INJURY (APPROX.)  22.	OR CONDITIONS, IF E ABOVE CAUSE (A)  NG CONDITION LAST  II  NIFICANT CONDITION DEATH BUT NOT IR R CONDITION CAUSIF FOPERATION 198, CC WAS P  IL CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (You	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO TH	G HE  CHICH OPERATION  CLACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT AT NO	NO in or obout 21C. W office bldg, INJURY  21F. HO WHILE VORK  ond	HERE DID (III OCCUR?	in Boltimore City, gi	ses OF DEATH	?
CAL CERTIFICA	DISEASES RISE TO TH UNDERLYIN  OTHER SIGI TO THE DISEASE OI  19A. DATE OF  21A. EXTERNA UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING OF INJURY (APPROX.)  22.	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  (I) NIFICANT CONDITION DEATH BUT NOT IN OR CONDITION CAUSIF FOPERATION 19B, CO WAS P  (IL CAUSE WAS DOOR CONTRIB- ISE OF DEATH.  (Month) (Doy) (You	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO TH	G IE  VHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT ORK AT N	NO in or obout 21C. W office bldg., INJURY  21F. HO WHILE WORK  utopsy ond de Hamicie	HERE DID (III OCCUR?  W DID INJUI that on this	in Boltimore City, gi	ses OF DEATH	?
CAL CERTIFICA	DISEASES OF RISE TO THE UNDERLYING THE DISEASE OF THE UNDERLYING UTING CAU  21 A. EXTERNA UNDERLYING UTING CAU  21 D TIME OF INJURY (APPROX.)  22.	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  II NIFICANT CONDITION DEATH BUT NOT IR R CONDITION CAUSII F OPERATION 198, CC WAS P  IL CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (You	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO TH	G VHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT AT Suicident	NO in or obout 21C. W office bldg., INJURY  21F. HO WHILE ptopsy ond de Hamicia CHIEF ME	HERE DID (III OCCUR?  W DID INJUI  that on this le U	N CERTIFYING CAU in Boltimore City, gi RY OCCUR? basis, deoth In madetermined manna	ses of Death	?
CAL CERTIFICA	DISEASES RISE TO TH UNDERLYIN  OTHER SIGI TO THE DISEASE OI  19A. DATE OF  21A. EXTERNA UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING OF INJURY (APPROX.)  22.	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  II NIFICANT CONDITION DEATH BUT NOT IR R CONDITION CAUSIN F OPERATION 198, CO WAS P  IL CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (You	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO TH	G HE  CHICH OPERATION  CLACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT AT NO	NO in or obout 21C. W office bldg., INJURY  21F. HO WHILE propsy ond de Hamicia CHIEF ME ASSISTANT ME	HERE DID (III OCCUR?  W DID INJUI  that on this He U  EDICAL EXA	N CERTIFYING CAU in Boltimore City, gi RY OCCUR?  basis, deoth In madetermined manna MINER  MINER	ses of Death ive exact lacati my opinion er	?  ATE SIGNED
CAL CERTIFICA	OTHER SIGN TO THE DISEASE OF T	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  II NIFICANT CONDITION DEATH BUT NOT IN OR CONDITION CAUSII F OPERATION 19B, CC WAS P  I. CAUSE WAS JOR CONTRIB- JOR CON	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO THOSE IT.  DANDITION FOR WERFORMED  21B. Phome, etc.,  ear) (Hour) 21  m. W  Inquiry  Causes	GRE  WHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form)  E. INJURY OCCURRED  HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	NO in or obout 21C. W office bldg., INJURY  21F. HO WHILE ptopsy ond de Hamicia CHIEF ME	HERE DID (III OCCUR?  W DID INJUI  that on this He U  EDICAL EXA	N CERTIFYING CAU in Boltimore City, gi RY OCCUR?  basis, deoth In madetermined manna MINER  MINER	ses of Death ive exact lacati my opinion er	?
MEDICAL CERTIFICA	DISEASES OF RISE TO THE UNDERLYING THE DISEASE OF TO THE DISEASE OF THE DISEAS	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  II NIFICANT CONDITION DEATH BUT NOT IN OR CONDITION CAUSIN FOPERATION 198, CC WAS P  IL CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (You tify that I held on Ited fram: Natural contribution L URE NER'S Type) Char	ANY, GIVING STATING THE T.  AS CONTRIBUTIN RELATED TO THOUSE TO THOUSE TO THOUSE TO THOUSE THE TENER THE TENER THE TENER THE TENER THE TENER THE TENER THE TENE	G SE  VHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT	NO in or obout 21C. W office bldg., INJURY  21F. HO white  work  topsy ond de Hamicic CHIEF ME ASSOCIATE MI	that on this EDICAL EXA	in Boltimore City, gi  RY OCCUR?  basis, death in madetermined manner  MINER  MINER  AMINER  CATION  (City, gi	ny opinion er	2 (State)
MEDICAL CERTIFICA	OTHER SIGN TO THE DISEASE OF T	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  II NIFICANT CONDITION DEATH BUT NOT IN OR CONDITION CAUSII F OPERATION 198. CO WAS P  I. CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (Your contributed from: Natural	ANY, GIVING STATING THE T.  AS CONTRIBUTIN RELATED TO THOUSE TO THOUSE TO THOUSE TO THOUSE THE TENER THE TENER THE TENER THE TENER THE TENER THE TENER THE TENE	GRE  WHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form)  E. INJURY OCCURRED  HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	NO in or obout 21C. W office bldg., INJURY  21F. HO white  work  topsy ond de Hamicic CHIEF ME ASSOCIATE MI	that on this EDICAL EXA	in Boltimore City, gi  RY OCCUR?  basis, death in madetermined manner  MINER  MINER  AMINER  CATION  (City, gi	ny opinion er	2 (State)
MEDICAL CERTIFICA	DISEASES OF RISE TO THE UNDERLYING THE DISEASE OF T	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  II NIFICANT CONDITION DEATH BUT NOT IN OR CONDITION CAUSII F OPERATION 198, CC WAS P  I. CAUSE WAS JOR CONTRIB- JOR CON	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO THOSE IT.  DINDITION FOR WERFORMED  21B. Phome, etc., etc., etc.,  Les S. Pe  230  1966	GRE  WHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form, foctory, form, foctory, street, form, foctory, foctory, form, foctory, foctory, form, foctory, foctory, form, foctory, form, f	NO in or obout 21C. W office bldg., INJURY  21F. HO white  work  topsy ond de Hamicic CHIEF ME ASSOCIATE MI	that on this EDICAL EXA	in Boltimore City, gi  RY OCCUR?  basis, death in madetermined manner  MINER  MINER  AMINER  CATION  (City, gi	ny opinion er	2 (State)
MEDICAL CERTIFICA	DISEASES OF RISE TO THE UNDERLYING THE DISEASE OF T	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  II NIFICANT CONDITION DEATH BUT NOT IN OR CONDITION CAUSII F OPERATION 198. CO WAS P  I. CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (Your contributed from: Natural	ANY, GIVING STATING THE T.  IS CONTRIBUTIN RELATED TO THOSE IT.  DINDITION FOR WERFORMED  21B. Phome, etc., etc., etc.,  Les S. Pe  230  1966	G SE  VHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT	NO in or obout 21C. W office bldg., INJURY  21F. HO white  work  topsy ond de Hamicic CHIEF ME ASSOCIATE MI	that on this EDICAL EXA	N CERTIFYING CAU in Boltimore City, gi RY OCCUR?  basis, deoth In madetermined manna MINER  AMINER  AMINER  AMINER	ny opinion er	2 (State)

5000000 B. 8-25-1869 34 Domestic Per Grany Commercial Sil. and Dlaw Byrs LOTTE CALDWELL 214-22 3557 Elizaven Benner - 535 mil Burner 145/46 astertied Mars PR astertie Controller murine they file the min

	- per pert	BALTIMORE CIT	Y HEALTH DEPARTMENT	I VIII TO THE	86 19057
	2057	CERTIFICA	TE OF DEATH	Registered Na	66 12057
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)	Mildred Britt	i n <i>e</i> han		and hour of death	
3. PLACE OF DEATH IN E	ALTIMORE MARYLAND	-115 man		here deceased lived. If	institution: residence before admission
FULL NAME OF (II	not in hospital or institutio	in dive street	Maryland	ONT	
HOSPITAL OR OF	ddress or location)	m, give sireei	-	outside city limits, write	e BURAL and give township)
	Provident Hos	pital	Baltimore,		15-10
39			D. STREET ADDRESS	(If rural, give location)	
, SEX   6. RACE	T7 A4 A BB1	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Famala Ne	WIDO	web, DIVORCED (specify)	0e't-7,1918	48 yrs.	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A. USUAL OCCUPATION	(Give kind of work 108, KIND		Y 11. BIRTHPLACE (State or f		12, CITIZEN OF
one during most of working lif		2 26 1	N 1 1 - 4		WHAT COUNTRY?
Clerk FATHERS NAME	Gene	ral Motors	North Caroli		U.S.A.
George Ald	lerman		Laugenia Th		
. Was Deceased Ever in		16. SOCIAL	17, INFORMANT		ADDRESS
os, no or unknown/tir yes,	Aire and of doles of selvic	security No. 212-22-9874	Mr. Albert I	Brittinghem	(Husband) SAME
18. 6/1 / V	1		OF DEATH	TTO OTHERM	INTERVAL BETWEEN
DISEASE OR C	ONDITION DIRECTLY			-n 4	ONSET AND DEATH
	G TO DEATH		Liabetes Tue	All Lune	(a) Al
(This does not mean	the mode of dying, e	q., Q.E TO	vical receipture	Curun.	a moulds.
heart failure, osthenio	, elc. Il means the diseo	se, Wit	the acceloris		
	which coused death.)				
ANTECE	DENT CAUSES	DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	DITIONS, if ony, givi				
UNDERLYING COND	cause (A) sloting t	he (C)			
0112011110					
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI	CONDITIONS CONTRIBUT	ING THE			
19A. DATE OF OPERAT		R WHICH OPERATION	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED :AUSES OF DEATH?
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., nome, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Bollim	ore City, give exact location)
21D. TIME (Month)	(Day) (Year) (Hour)	TE. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY		While At Nat Whi	ile 📺		
		Work At Work		66 Nav	ember 28. 66
22. I certify that (1)	(this hospital) attende	d the deceased fram NO	vember 27,	19 66 to Nov	19
that (1) (we) last so	w the deceased alive o	November 28,	1966 ond	that in (my) (our) of	pinian death accurred on the da
			view the bady after deat		
23A. SIGNATURE	0 /	(-, (, (, ()	The bady affer dear		23B, DATE SIGNED
Show.	IDA XI NE	A / M.D. Att	tending Med.	Stoff	
23C PHYSICIANS	UN N. CUS	Ph:	ys. Director Director	Phys.	11-29-66
NAME (Type) D	. James Carr			Q.,	
		M,D,			timore 17, Marylan
4A. BURIAL CREMATION, REMOVAL (Specify)	1 1	NAME of CEMETERY OF CE		LOCATION (	City, town, or county) (State)
Burial (Specify)	12/2/66 Ar	butus Memorial	Park I	Baltimore Co	. Maryland
SA. DATE REC'D BY HEA	TH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
nen o	IDES AN DO	6. Fr. O. ann.	Herbert E.	Nutter-3035	W. North Ave.
'S 150-REV. 1/1/65	DUD UF A. ME	The state of the s	· · · · · · · · · · · · · · · · · · ·	1	
				A	

entitles, bullet and for

THE THE T

Eggg cockress system

erels there bearing orange elses

andione afro. stough letters for the

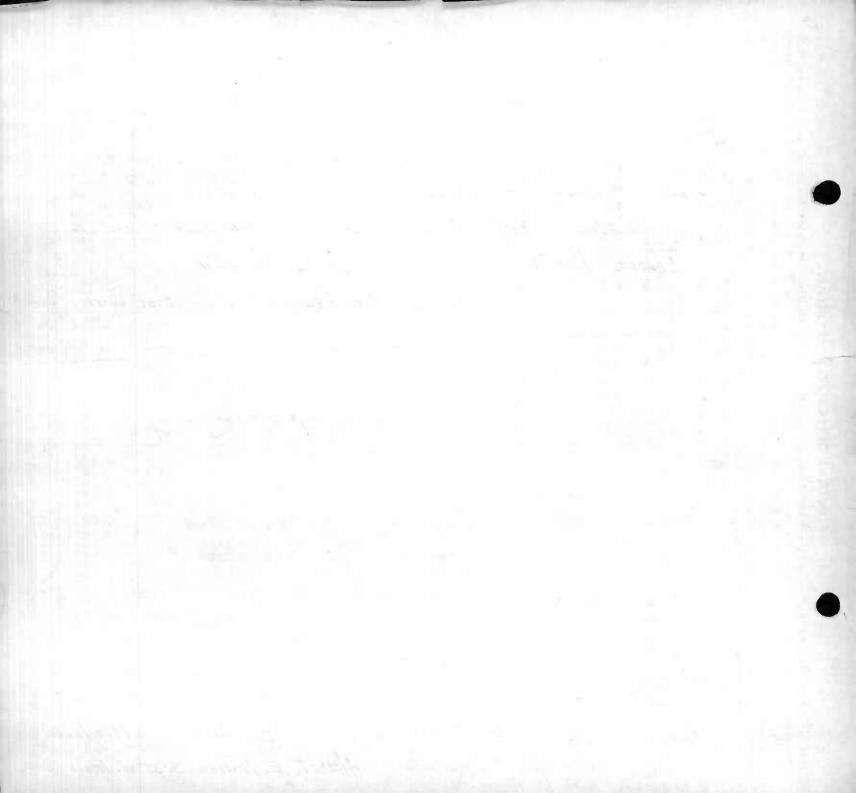
Lieux-y674 Hr. Micord Bringhos Citic High

22

Surember 25, 66 - seres 1, 1

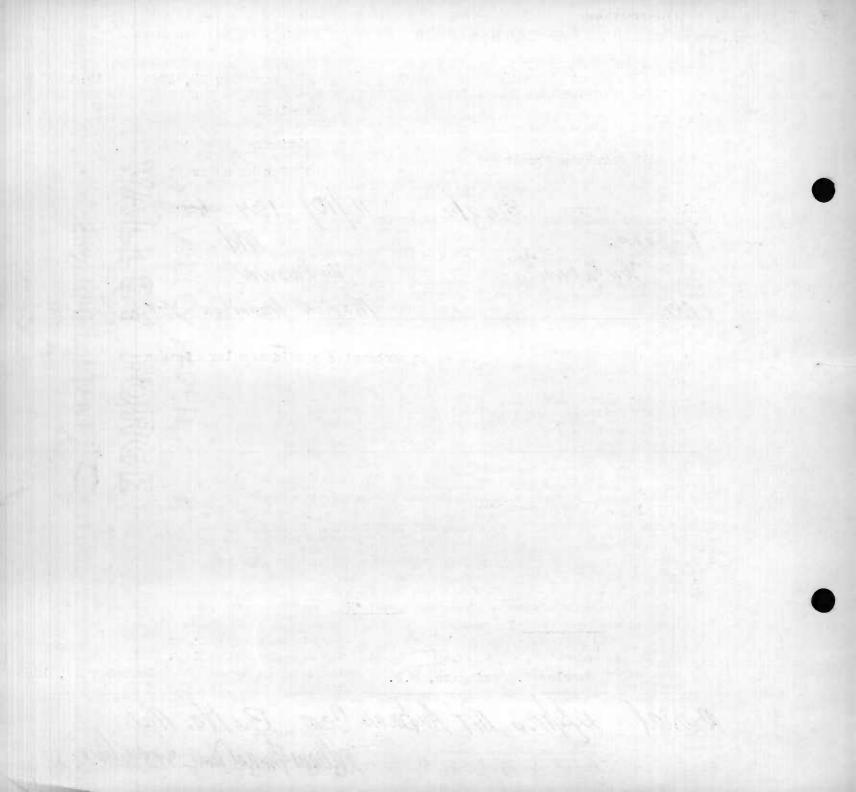
Havesber 28, 66

			BALTIMORE CITY	HEALTH DEPARTA	MENT	17.6	LONES
MIRTH NO.	66 12058		CERTIFICA	TE OF DEA	ATH Reg	istered No. 66	12008
I NAME OF DECE	IL LIAM	40	PTT	2.	DATE AND HOU	R OF DEATH	
	TH IN BALTIMORE MA	*	, , ,	HA HEHAL BESIDEN	11/27/	66	on: residence belore odmission
. PLACE OF DEAT	IN BALTIMORE MA	RILAND				sed lived, it institution	on: residence belore odmission.
FULL NAME OF	(If not in hospital oddress or tocotion		ive street	MARTI			
INSTITUTION	0001033 01 10001101	"					ond give township)
12				D. STREET ADDRES	S (If rurol, give		473
SINAI	HOSPIT	AL		21/3.	Me Cull	al St.	#17
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE lost birth	(tn years If L	Jnder 1 Yr. If Under 24 Hrs.
MALE	Colored	· · · · · · · · · · · · · · · · · · ·	Widowad	3/17/1	4 4	-6	
	PATION (Give kind of work orlying life, eyen if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	C "	_	ry) 12,	CITIZEN OF WHAT COUNTRY?
	HAND LEN	Post	OFFICE	BALTIMO	RA, MAR	VLAND	U-S.A
3. FATHER'S NAM				14. MOTHER'S MAI	/		
( ) hoo	LES HURI	11		1.10	GREE	EN	
5. Was Deceased	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	0,000	- / 7	ADDRESS
les, no or unknown)	(It yes, give war or date		SECURITY NO.	Mac Ilria	1 Pa	1. 202	Parto- Aux
NO	401	- 4	214-20-4640	MRS. HENRY	9 H. KHWK	INGS DUSE	INTERVAL BETWEEN
DISEASE	OR CONDITION DIE	ECTLY	CAUSE O	PDEATH			ONSET AND DEATH
	EADING TO DEATH	ECILI	Pce	lucon at	in, Em	bolism	2 arys
	t mean the mode of		DUE TO		1		2 0242
	sthenio, etc. It means dication which caused		1	7:10	Measo	F-1 . O	
A	NTECEDENT CAUSES		(B)	yestive not. My	Acord	/ acecis	<u> </u>
	CONDITIONS, if		D	· of Zucce	scasdi	2 21. 56	
	abave cause (A)	stating the	(C)	wo.		Juney	
	11		-				
O OTHER SIGNIFI	CANT CONDITIONS C						
DISEASE OR C	ATH BUT NOT RELA CONDITION CAUSING I						
19A. DATE OF	OPERATION 198. CON		HICH OPERATION	20 A. AUTOPSY	Yes or No) 20B. II IN CE	F YES, WERE FINDI	NGS CONSIDERED OF DEATH?
U 21 A. A CCIDENT	T WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	n or obout 21C. WHES	RE DID	(If in Baltimore City,	give exact locotion)
DEATH (notify r	ING CAUSE OF medical examiner)	home etc.)	e, form, factory, street, o	ffice bidg., INJURY O	CCU R?		
D 21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E	INJURY OCCURRED	21F. HOW	DID INJURY OC	CUR?	
OF INJURY		Whil	e At Not Whil				
		Worl		1/28/6			1.0
			e deceased from			to	29 1966
						y) (our) apinian	death occurred an the dat
		ed above. (1)	(We) (dld) (did nat) v	iew the body after	r death.		
23A. SIGNATUR		00.	3 445 444	andina — AAad	Stall =		DATE SIGNED
Hera	rdo 4 po	fys. 14	M.D. Atte	s. Direc	stor Stoff Phys.	1,	1/29/60
23 C PHYSICIAN			1.5	23D. ADDRESS		- 4/ 4	
GE	RARDO -	+PIL	DR. M.DM.D.	SINAII	443111	46	BDL10.40
24A. BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRI	EMATORY	24D. LOCATION	(City, tov	vn, or county) (State)
BURING	12/3/66	Mo	UNI AUBURN	CEM	BALLIM	wine)	MARYLAND
25A. DATE REC'D I	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FENERACY	DIRECTOR		ADDRESS



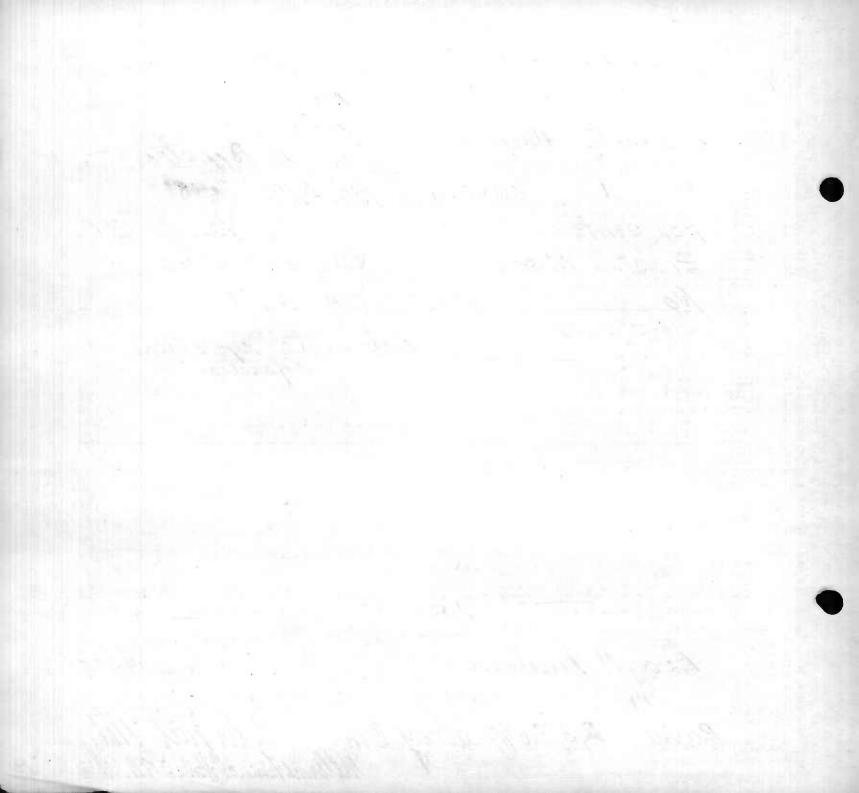
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered N	lo.
--	---------	------------	-------------	----	-------	--------------	-----

AA I	E. CASE NO.	MEDI		, will thin o		2 0. 02,	
	NAME OF DECEASED				12	2. DATE AND HOUR PRONOUNCE	CED DEAD
(Ty	pe or Print)	THEOI	OORE	BROWN		November 27, 1	966   10:50 A
3. F	PLACE IN BALTIMORE, A	MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDEN	NCE (Where deceased lived, If ins	stitution: residence before odmission) UNTY
CIII	I NAME OF TEN	OT IN HOSPITA	AL OR INISTITE	TION, GIVE STREET	Mar	cyland	
HO	SPITAL OR ADD	RESS OR LOCA	TION)	THON, GIVE STREET	C. CITY OR TOWN	N (If outside corporate limits, wri	te RURAL ond give township)
INS	TITUTION				Bal	ltimore	1-1)
1	632 Sat	rahann St	reet		D. STREET ADDRE	SS (If rurol, give location)	
0	032 54.	· anami D			632	2 Sarahann Street	
5. 5	EX 6. RACE			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	Male N	Negro	WIDO WED, I	OIVORCED (specify)	11/110/	1914 69	Months Doys Hours Min.
			TOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (SE	tote or foreign country)	12. CITIZEN OF
don	e dyfring most of working life	, even if retired)			-	nnd	WHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME	
	6/	k.10	/		3/		
16		Moun	ronces:	16. SOCIAL	17. INFORMANT	NOWN	ADDRESS
	WAS DECEASED EVER I			SECURITY NO.	INFORMANT	. // .	T // O:
	10				Mapion	HOCHHISON 9	49 W. taxette Si
	18. 44			CAUS	E OF DEATH	/	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR C	ONDITION DI	RECTLY		4		
	LEADIN	NG TO DEATH		(A) Hyper	tensive car	diovascular dise	ase
	(This does not meon heart failure, asthenia injury or complication	the mode of , etc. It meons which coused	dying, e.g., the discose, deoth.)	DUE TO			
	ANTECER	SENT - CALLER					
	DISEASES OR CON	DENT CAUSES		(8)			
	RISE TO THE ABOVE	E CAUSE (A) ST		DOE 10			
7	UNDERLYING CON	DITION LAST.		(C)			
Ö		11					
CERTIFICATION	OTHER SIGNIFICANT	CONDITIONS					
TF	DISEASE OR CONDI	ITION CAUSING	i IT.				
CER	19A. DATE OF OPERAT	198, CON WAS PER		WHICH OPERATION	Yes	(Yes or No) 208. IF YES, WERE FIN CERTIFYING CALL Yes	
¥	21 A. EXTERNAL CAUSE		21 B.	PLACE OF INJURY (e.g., form, foctory, street,			give exoct location)
MEDIC	UNDERLYING OR CON	TRIB- EATH.	home etc.)	, form, factory, street,	office bldg., INJURY	OCCUR?	
Σ	21D TIME (Month)	(Doy) (Yeor	) (Hour) 2	E. INJURY OCCURRED	21F. HO	W DID INJURY OCCUR?	
	(APPROX.)		m. V	VHILE AT NOT	WHILE		
	22. I certify that	I held an I				that on this bosis, death in	my opinion
		n: Notural con		ccident Suicio			
		21/	7	1 - 1	CHIEF ME	DICAL EXAMINER	
	ACTUAL SIGNATURE	lord	RJ.	Sprid Mil	ACCICTANT ME	DICAL EXAMINER X	DATE SIGNED
	EXAMINER'S NAME (Type)			ingate, M.D.		DICAL EXAMINER	November 28, 1966
RE	A. BURIAL CREMATION,	12/2/1	966 1	C. NAME OF CEMETERY	N COM	Balto,	y, town, or county) (Stote)
24	A. DATE REC'D BY HEAL	LTH DEPT/	248. NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR	ADDIESS
	DEC	2 1968	0.00	E. F. Bull	1/HULLOW	4- Tunka Home 3	1911. Somocall St.
VS	151-REV. 1/1/65			per 10 me			

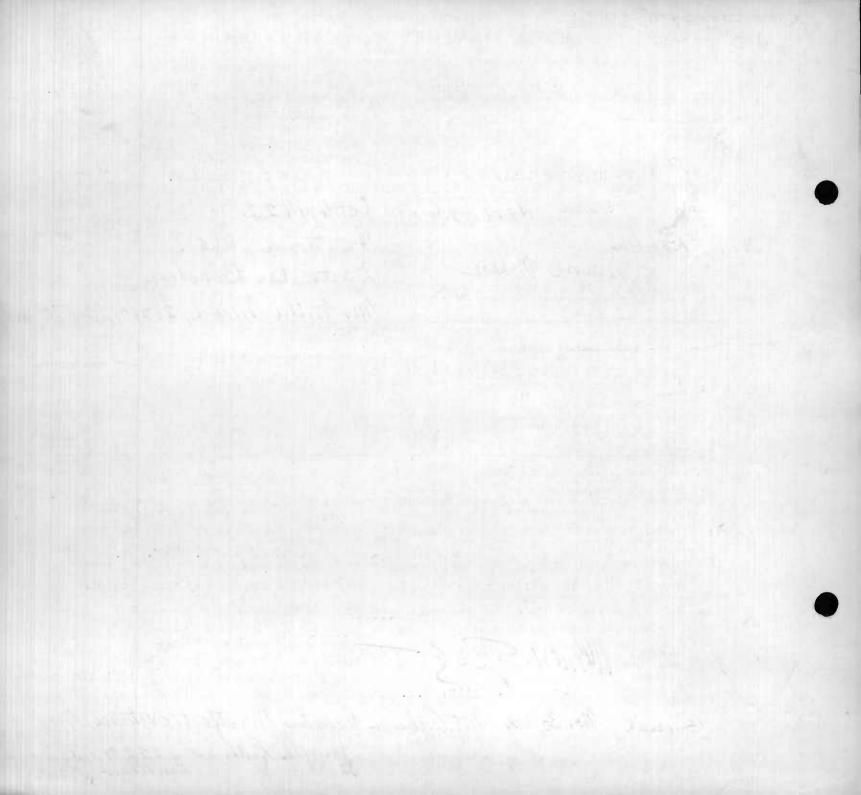


a hospital and

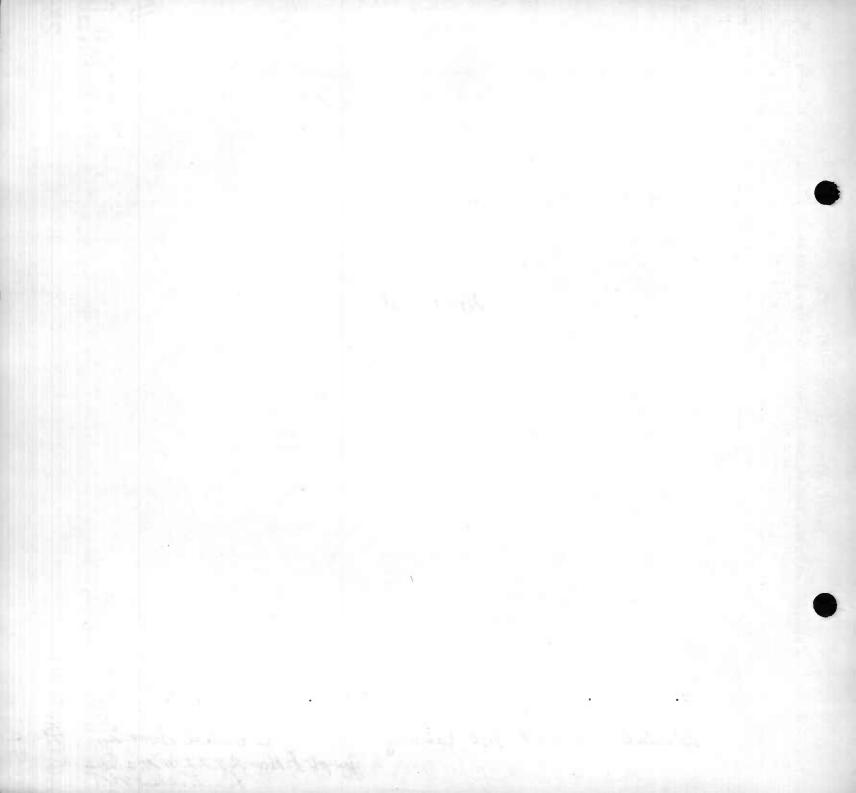
CC 40 V O	BALTIMORE CITY	HEALTH DEPARTMENT		66 12060
ыктн но. 66 12060	CERTIFICA	TE OF DEATH	Registered Na	20 18(10()
M.E. CASE NO.  1. NAME OF DECEASED		2 DATE AN	ID HOUR OF DEATH	
(Type or Print) LEWIS, 6FR	DRGIA	Noc	- 30 19E	61630 P
B. PLACE OF DEATH IN BALTIMONE, MARYLAND		4. USUAL RESIDENCE (Whe		itutian: residence befare admission
FULL NAME OF (If not in haspital or institu	tion, give street	Marulas	. 1	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN III au	tside city limits, write RU	RAL on give township
Il minerita Ilia	177	D. STREET ADDRESS (IF	rurol, give lacotion)	10
University Hog	relas	418 11.	Penello	a St.
	RIED, NEVER MARRIED OWED, DIVORCED specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Manths: Days Hours Min.
+ N M	larceed	April 23/108	58	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN one during most al working life, even if relired)	D OF BUSINESS OR INDUSTRY	11/ BIRTHPLA CF State or fare	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
House wife			Va.	OSA
3/FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME"	
Frastus Wilson	V	Da//10 00	Carboro	
6. Was Deceased Ever in U. S. Armed Farces? es,na aj unknawn)(If yes, give war ar dates af serv	ice) SECURITY NO.	17. INFORMANT	- 1	ADDRESS
No	NONE	ER CVa	rt	
18.41.20.11	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	1 -1	-	ONSET AND DEATH
LEADING TO DEATH	(A) /20.	b. acute	aeneerde	el Kel.
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc		0 50-0	elini	
injury ar camplication which caused death.)	,430,	agan	ellox	
ANTECEDENT CAUSES	(B)	*	WW dir for the direction during the same distribution dis	
DISEASES OR CONDITIONS, if any, gi				
rise to the above cause (A) stating		000004^00000000000000000000000000000000		
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBITED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? IYes ar No	208. IF YES, WERE FIR	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		1/2	IN CERTIFYING CAUS	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY le.g., i home, farm, factory, street, o	n ar about 21C. WHERE DID	(II in Baltimare	City, give exact lacation)
DEATH (notify medical examiner)	elc.)	mee dags, majori occor:		
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Nat While Wark At Wark	е		
	**********	11000	11 A	100 TM 16
22. I certify that (I) (this hospital) attend	0/		1966 to //	00 30 19 90
that (1) (we) last saw the deceased olive	on AM	0 19 66 and th	ot in (my) (our) apini	on death occurred an the d
and haur and from the causes stated abo	ve. (I) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	/			3B. DATE SIGNED
Bassell Namela	M.D. Atte	ending Med.	Staff Phys.	11/20/66
23C. PHYSICIAN'S		23D. ADDRESS	rnys.	11/ 50/02
23C. PHYSICIAN'S NAME Type)		1211111	-1/1/	- 11
DAKKY N. ROS	SENBAUM M.D.	UNITERSI	TY HOSPI	
REMOVAL (Specify) 24B. DATE	4C. NAME of CEMETERY OF CR	EMATORY 24D.	OCATION 1 (City	Nowar or country (State)
Burial 613/19667	TIT (WINTINU 1	OM. /1	MIN HULL	7/11.
25A. DATE REC'D BY HEALTH DEPT 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11/10/	ADDRESS
mec 2 1966 m. ca	ME STEAM	o The lanit I	11 ml/ Mount 31	1991 Jaksoverly &s
/\$ 150-REV. 1/1/65	4	THE VIEW IN	MAN HOUNE OF	111.1 man and boli



1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD	=
Ollie Lee Moore  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11/25/66   11:45 p.mv  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore	
City Hospitals	D. STREET ADDRESS (If rural, give location)  2508 Guilford Ave.	
male colored WIDOWED, DIVORCED (specify)  Never Married  10A. USUAL OCCUPATION (Give kind of work) 10B. Kind of Business OR INDUSTRY	8. DATE OF BIRTH OCT 6 1922 9. AGE (In years   If Under 1 Yr. If Under 24 Hi Months Doys Haurs Min. 44 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	
13. FATHER'S NAME  ASSIGNATION  13. FATHER'S NAME  ASSIGNATION  13. FATHER'S NAME  ASSIGNATION  13. FATHER'S NAME  ASSIGNATION  14. Control of the state of the s	Huntsvelle, ala, WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME  ACRTHALLAR BERSLEY	-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), if yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	Mr. Willie Muore 2021 n. Bental	121
DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND DEATH FOUND of chest and brain	
head foilure, asthenia, etc. It means the disease.  Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED	••••
WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  Street	yes  in or about 21C. WHERE DID (If in Baltimare City, give exact location)  iffice bldg, NJURY OCCUR?  in front of 434 E. 21st. St.	7
21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) 8 18 66 11:10pm, WHILE AT NOT WAT WORK	while stabbed repeatedly with ice pick	
OF INJURY (APPROX.) 8 18 66 11:10p, WHILE AT NOT WAT WO AT W	topsy X and that on this basis, death in my opinion	



The San San San Mensy Road 18- 14 Westerf 24 Balton Chy Hespitals 3/29/01 65 Worth Contra Story Green Betty ASCVO Chemis Bon Synd Chaper States Reap Dely Along



		BALTIMORE CITY	HEALTH DEPARTMENT		00 12004
BIRTH NO. M.E. CASE NO.	66 12064	CERTIFICA	TE OF DEATH	Registered No	
1, NAME OF DECEA (Type or Print)	James Roll	bert Ken	- W 999 OUT	HOUR OF DEATH	November 30, 1966 6 1:30 A M.
ERTIF	CATE AM	ENDED	4. DSUAL RESIDENCE (Where A, STATE B. COUN'	e decebised lived. If ins	ititution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institut oddress or location)	ion, give street 12-8-66	c. City or TOWN (if puts	side city limits, write R	URAL and give township)
2826	Westwood	avenue)	D. STREET ADDRESS	urol, give location)	50%
00			2826 We	sterred !	Evenue/
male 6		RIED, NEVER MARRIED DWED, DIVORCED (specify)	Sept. 6, 1920	9. AGE (In years lost birthday).	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min,
	ATION (Give kind of work 10B, KIN king life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn spuntry)	12. CITIZEN OF WHAT COUNTRY?
Salean	nan		cogecombe,	1. arku	40
13. FATHER'S NAME	General Les	nnu.	Nentretta (1)	Se la .	
15. Was Deceased Ex (Yes, no or unknown) (I	rer in U. S. Armed Forces? Tyes, give wor or dotes of serv	SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
yes.	WWI	219-07-5481	mo Darth Ke	enny 28	26 Weshvood aic
018.420	), / 1	CAUSE O	FDEATH	0	ONSET AND DEATH
	OR CONDITION DIRECTLY	(A) Co	ronan l	allun.	
heart failure, as	mean the made of dying, Thenia, etc. It meons the dis- icotion which caused deoth.)		0	17.	1
	ITECEDENT CAUSES	(B)	ronding Sil	er / s-v	2 mm.mm.m.m.m.m.m.m.m.m.m.m.m.m.m.m.m.m.
DISEASES OR	CONDITIONS, if ony, g	DUE TO iving	/		
	abave cause (A) slafing CONDITION last.	The (C)	**************************************		
	11				
TO THE DEA	CANT CONDITIONS CONTRIB TH BUT NOT RELATED TO ONDITION CAUSING IT.	THE			
19A. DATE OF C	PERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT	WAS UNDERLYING NG CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
Q 21D. TIME	Month) (Doy) (Year) (Hour)		21F. HOW DID INJ	URY OCCUR?	
(APPROX)		While At Not While At Work		. /	
22. I certify th	nat (1) (this hospital) attend	ded the deceased from	1/	1964 10 7	04.29 1966.
that (I) (we) is	ast saw the deceased alive	on Dou. 29,	19 6 6 and the	at in (my) (aut) api	nian death accurred on the date
		ve. (1) (We) (did) (did nat) v	riew the bady after death.		COR DATE SIGNED
23A. SIGNATURE	In Bles ermen		ending Med.	Stoff	23B. DATE SIGNED
23C. PHYSICIAN NAME (Type	2 mily	Phy	s. Director 23D. ADDRESS	Phys.	1 1 1 0
NAME (I)	M. Paull.	3/e//4 M.D.	5 820 4	orleRd	Ball 12 mg
24A. BURIAL CREM.	ATION, 24B. DATE 2 ecily) Ka-5 (6//	C. NAME OF CEMETERY OF CRI	EMATORY 240. Le	45	ty, town, or county) (State)
25A. DATE REC'D B	Y HEALTH DEPT. 258. NA	ME OF REGISTRAR	200 FUNERAL DIRECTOR	ellenen	ADDRESS
DEC	2 1966 ( 9.1	& Elitable Sin )	O SESUPANTON	russ Lad	2 W, Karto ane,

12/8/66 - Letter from Dr. Paul Byerly, 5820 York Road. Letter dated, 12/7/66.

the party of the same of the same of the same

25 22 M - Tong and Call

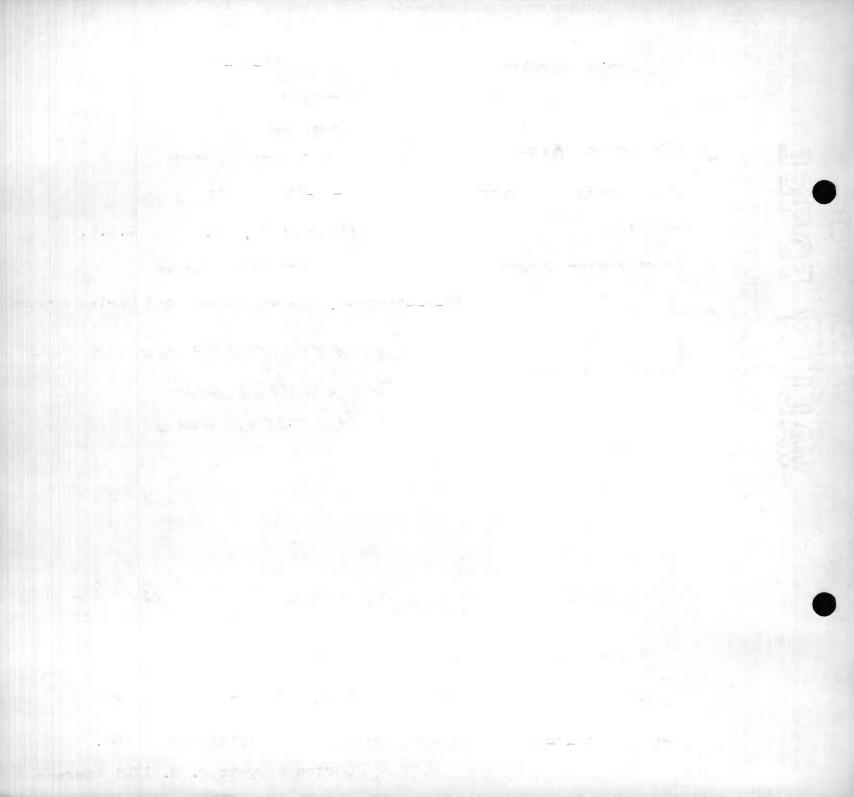
fac

IMPORTAN

FUNERAL DIRECTOR:

A CONTRACTOR OF THE PARTY OF TH 

6	66 12066			ITY HEALTH DEPARTME		66 12066
Es.	00 12000		CERTIFIC	ATE OF DEAT	H Registered N	
M.E. CASE NO.	CEASED			2. DA	TE AND HOUR OF DEAT	гн
Type or Print)	Annie Sho	oultz			L1-30-66	
PLACE OF DE	EATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE	(Where deceased lived, I	f institution; residence before admission
				Maryland	COUNTY	
HOSPITAL OR		l or institution, on)	give street	C. CITY OR TOWN	III auteide city limite wei	te RURAL and pive fownship)
INSTITUTION					, _	7 0 3
00000	d	4.0		D. STREET ADDRESS	(If rural, give bootion)	
)0803	Harlem Av	re.		803 H	arlem Avenu	
. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 H
		Marr	D, DIVORCED (specify)	9-25-190	lost birthdoy)	Months Doys Hours Min.
Female	Negro			TRY 11. BIRTHPLACE (Stote		12. CITIZEN OF
	f working life, even if retired)			111 01111111111111111111111111111111111	or roleigh country?	WHAT COUNTRY?
House				Millersvi:	lle, Md.	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDE	N NAME	
chr	istopher J	Toyce		Mary	Jane Chatma	an
5. Wos Deceoses	d Ever in U. S. Armed Fo	oices?	1 6. SOCIAL	17. INFORMANT	Julie Oliacille	ADDRESS
tes, no or unknow	(n) Ilf yes, give war or dat	tes of service)	SECURITY NO.			000 111 1
lan lan			21/-39-33	22Mrs. Doro	thy Gwynn	803 Harlem Avenu
18.4	0,/		CAUSE	OF DEATH	0 1	INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DE	RECTLY			1 11	67
	LEADING TO DEATH			DI MAI	· I hali	2. d) d/ m/12
(This does	not mean the mode o		DIE 70	July 1900	of Colom	1000
	, osthenio, etc. It meon			7	0	
	mpticotion which couse			2/	h .	
	ANTECEDENT CAUSE	2	(B)	Myplet	enoion	
			DUE TO	01		
	OR CONDITIONS, If			7 to in	10000	<b>'</b> ,
	he obove couse (A) IG CONDITION lost.	Stoling Inc	(C)(		and hard	3
Z OTHER SIGN	II	CONTRIBUTION	10			
E TO THE D	DEATH BUT NOT REL	ATED TO TI				
*	CONDITION CAUSING		WUICH OPERATION	20A ALLEGARYA (V.	or Noll 200 is use time	DE EINDINGS CONSIDERS
19A. DATE O		REORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ш	PAIR MAR HALPER MISS		D DI A GE GE	1 1010 1010	DID 11/1 0.11	
OR CONTRIP	ENT WAS UNDERLYING [ BUTING [ CAUSE OF	21	B. PLACE OF INJURY (e. me, lorm, foctory, street	g., in or about 21 C. WHERE, office bldg., INJURY OCC	טוט III in Boltin UR?	nore City, give exact location)
	fy medical examiner)	eto				
0 21 D. TIME	(Month) (Doy) (Year)	) [Hour) 21:	E. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
OF INJURY				Vhile		
(APPROX.)			oik L At W	ork		1.11
22. I certify	y that (1) (this hospita	al) attended	the deceased from	8/1/66	19ta	12///66 19
	) last saw the deceas		2/.//			pinian death accurred an the d
, , ,		//				p ueen uccurred un the d
	//	ated above.	(I) (We) (did) (did na	t) view the bady after d	eath.	
23A. SIGNAT	URE /	1/1/0	0 1	/		23B, DATE SIGNED
1	1011	UNI	MUX.D.	Attending Med. Phys. Director	Stoff Phys.	1211161
28 C. PHYSICI	ANTS		~ //	23D. ADDRESS	, , ,	
·	Type) 2	-10	11-	D. 1186 0	2/20/1	M AVE
NAME	-// 11 > - 1				11 07 1 1 1 1 1	
5	XI. C. W.	EL CO	15	1/00	111102	1 1112;
24A. BURIAL CR	EMATION, 248. DATE	24C.N	IAME of CEMETERY OF	1/00	24D, LOCATION	City, town, or county)   State
24A. BURIAL CR REMOVAL	EMATION, 24B. DATE		AME of CEMETERY OF	CREMATORY		
24A. BURIAL CR REMOVAL	EMATION, 24B. DATE		AME of CEMETERY OF	CREMATORY	Baltimore	Md.
24A. BURIAL CR REMOVAL	EMATION, 24B. DATE	66 B	15	crematory ational 25C. FUNERAL DIR	Baltimore	



BALTIMORE CITY HEALTH DEPARTMENT

66 12067

NAME OF DEC			CERTIFICA	TE OF DEATH		
pe or Print	CEASED	- 100		2. DATE	AND HOUR OF DEAT	Н
AA T	LLIAM W	ILLIE	FAIR	1	1-29-66	
	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (WI	nere deceesed lived. II	institution: residence before edmissi
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hespite) oddress er lecotion		give street		16	e RURAL end give township)
to Lut	theran Hosp	ital			re Il rurel, give lecetien)  Lhoun St.	
S EX	6. RACE	WIDOWE	, NEVER MARRIED D, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lest birthdey)	Months Doys Heurs Min
A. USUAL OCC	Negro  UPATION (Give kind el work working life, even if retired)	Sine		2-15-1910 11, BIRTHPLACE (Stote er fo	reign ceuntry)	12. CITIZEN OF WHAT COUNTRY?
Helm	per	Food		Winnsboro	S.C.	U.S.A.
FATHERS NA				Winnsboro 14. MOTHER'S MAIDEN N	AME	
The same of	lie Fair			Eva		
	d Ever in U. S. Armed For n) (If yes, give wer er dete		16. SOCIAL SECURITY NO. 247-09-9167	Eva Blackwe	L1 1903 W	ADDRESS  1. Lanvale St.
18. Lg. 8	20.71		CAUSE O	F DEATH		INTERVAL BETWEEN
1 200	SE OR CONDITION DIE	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A)	Coronary 7	hvom hos is	1 /day
	not mean the mode of		DUE TO		·····	
	, osthenio, etc. It meons mplication which coused		1		. 1 . 11 1 5	
	ANTECEDENT CAUSES		(B) /T	111 wolar 1-	· brilla Po	17 2760
	OR CONDITIONS, if		DUE TO	incular Floriday a		, ,
	ne obove couse (A)		(C) (	ardian a	rest	9/8/15
UNDERLYIN	G CONDITION lost.					- ^
OTHER SIGN TO THE C	II  NIFICANT CONDITIONS CODEATH BUT NOT RELA  CONDITION CAUSING I	ATED TO TH				
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or		RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical exeminer)	218 her etc	ne, lerm, loctery, street, el	n er ebout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Beltim	nere City, give exect lecetien!
21 D. TIME OF INJURY	(Menth) (Dey) (Yeer)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	2-1-11
(APPROX.)		We				
22. I certify	y that (1) (this haspital	l) attended t	the deceased fram	9/14	19 6 cc to	11/23 19 66
that (I) (we	) last saw the decease	d alive an	11/20			pinian death accurred an the
				iew the bady after death		
23A. SIGNAT		rea abave. (	i) (we) (ara) (ara nar) v	lew the bady after death	10	23B, DATE SIGNED
235.3101461	JA Bon	hay	M.D. Atte	ending Med.	Steff Phys.	12/1/68
	V //	1		23D. ADDRESS		- 0
23C.PHYSICI.	AT'S Type	,	M.D.			
NAME (	EMATION, 24B. DATE	)  24C. N		EMATORY _  24D.	LOÇATION	(City, tewn, er county) (State

VS 150-REV. 1/1/65

Morton & Dyett Funeral 1701 Laurens

47 19-725 ... 17

a o o

23C. NAME of CEMETERY or CREMATORY

24B, NAME OF REGISTRAR

NAME (Type) Rudiger Breitenecker, MD.

23A, BURIAL CREMATION, 23B, DATE

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV, 1/1/65

ASSOCIATE MEDICAL EXAMINER

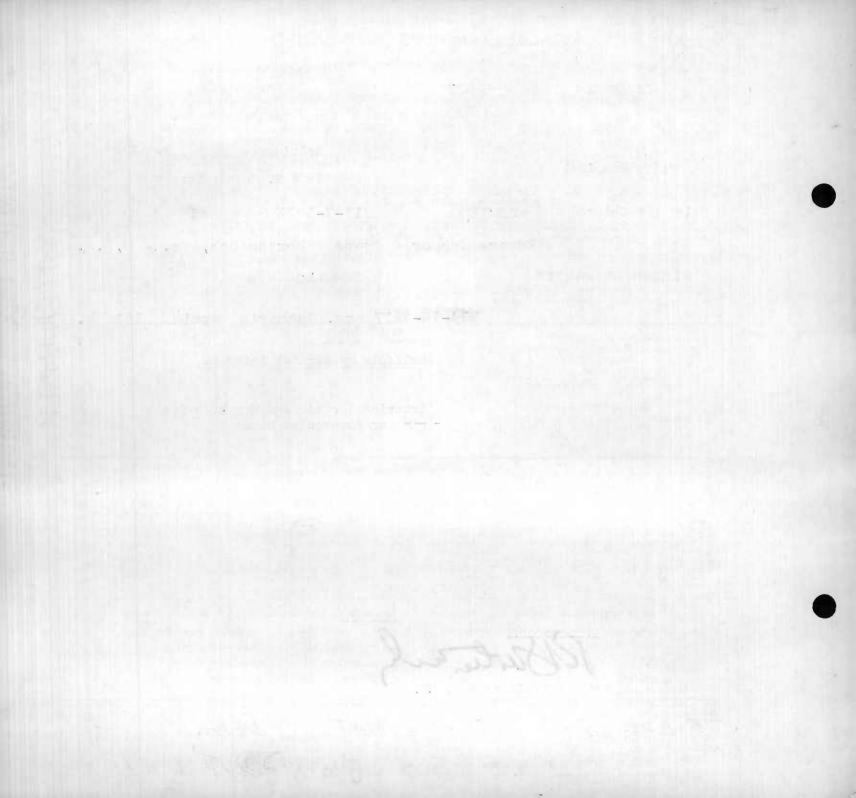
24C, FUNERAL DIRECTOR

23D. LOCATION

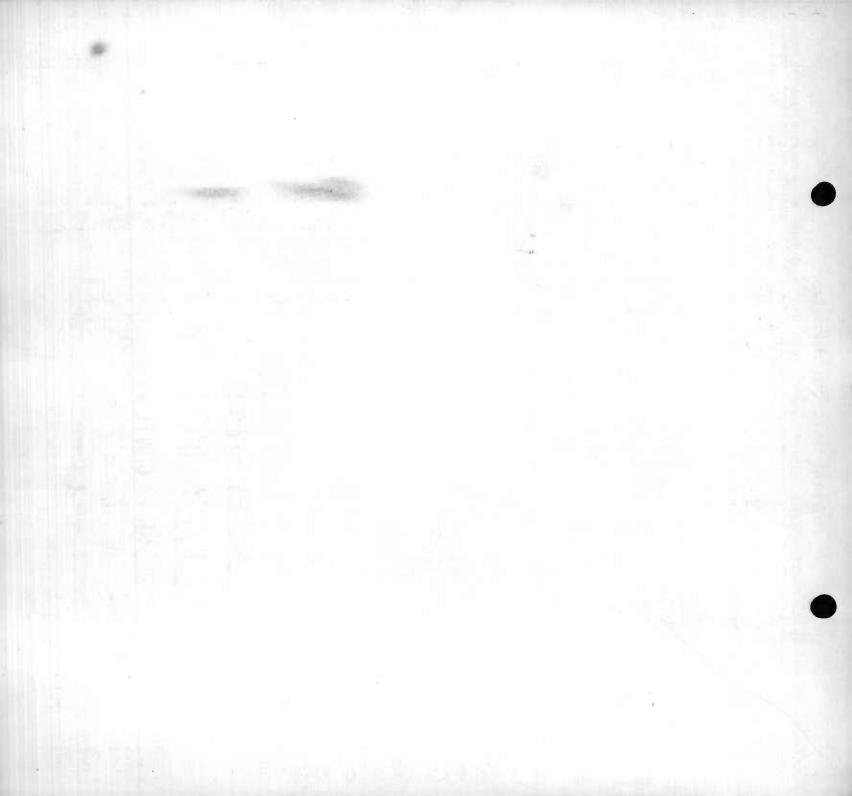
12/1/66

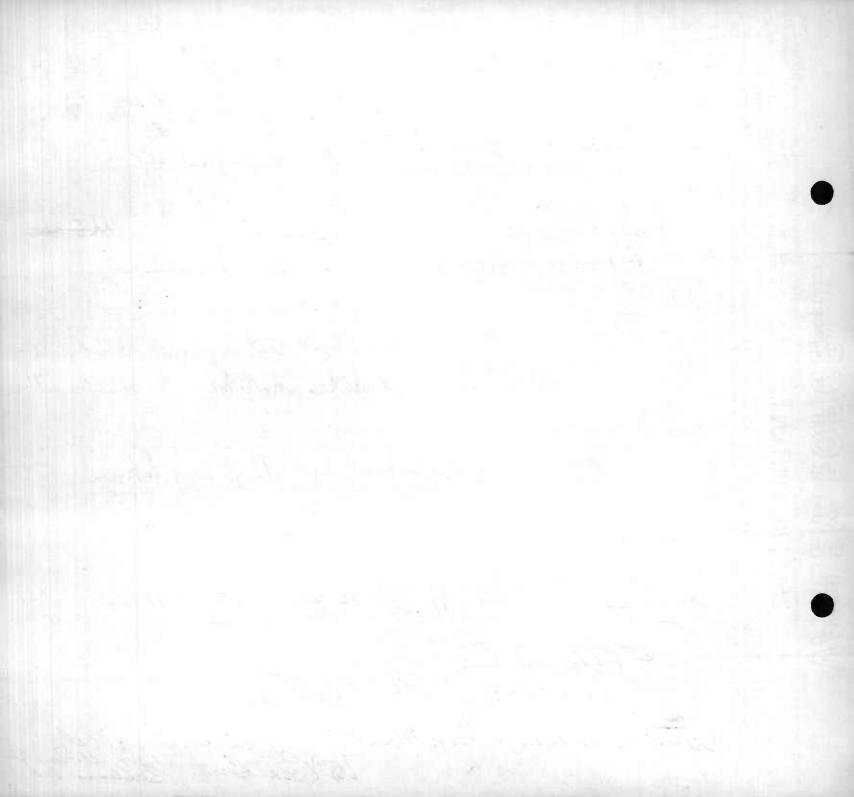
(Stote)

(City, town, or county)



11:30 Am. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence belore admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 4940 EASTERN AVENUE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ... ond that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED BALTIMORE MARYLAND (City, town, or county) North Carolina

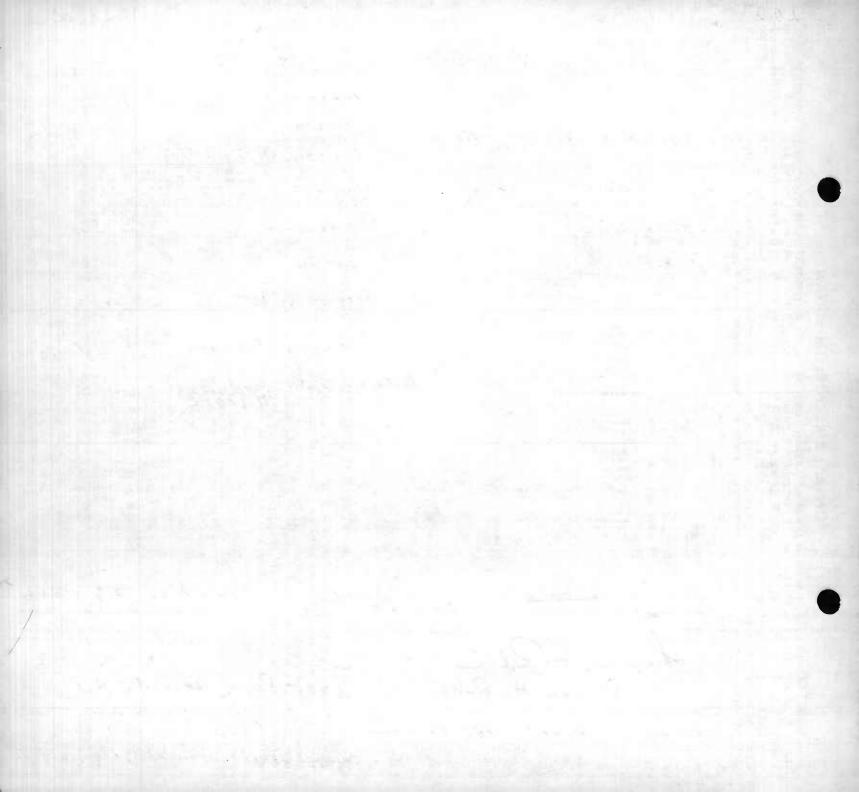




Was

E O

ond that in(my) (our) opinion death occurred an the date SULUHIN VS 150-REV. 1/1/65



1. NAME OF DECE. (Type or Print)		LOUIS	CAPULLI		e and hour of deat	1100
3. PLACE OF DEAT	TH IN BALTIMORE, MA	RYLAND			Where deceased lived. If OUNTY	institution: residence before admis
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location	1)		Maryland c. cirr or town Baltimore	If outside city limits, write	e RURAL ond give township)
00	Cype ngi	101 W 10		D. STREET ADDRESS 2532 Harfor	(If rural, give location) d Road	
male	white	WIDOWI	NEVER MARRIED  D, DIVORCED (specify)	8. DATE OF BIRTH Apr.20, 1891	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
lone during most of w	PATION (Give kind of work orking life, even if retired) Retired)	10B. KIND C	F BUSINESS OR INDUSTRY	Abruzzi, It		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	radino Capul	.li		14. MOTHER'S MAIDEN		
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed Ford (If yes, give wor or date	ces? s of service)	16. SOCIAL SECURITY NO. 212-01-8400A	17. INFORMANT	Camalli 00'00	ADDRESS  2 Harford Rd., Bal
18. 😭 🥱	44 XI			OF DEATH	Oapulli 2))	INTERVAL BETWEEN ONSET AND DEATH
(This daes na heart failure, o injury or camp  A  DISEASES OF	EADING TO DEATH If mean the made of sthenia, etc. It means slication which caused NTECEDENT CAUSES R CONDITIONS, if	the disease death.)	(B)	retral arte		
(This daes not heart failure, or injury or camp  A  DISEASES Of rise to the UNDERLYING	Il mean the made of sthenia, etc. Il means dication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	the disease death.)  ony, giving stating the	(B) DUE TO  (C)	relyal alle		
(This daes not heart failure, or injury or camp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFICOTHER DE DISEASE OR COLUMN DEFASE OR COLUMN DEFASE OR COLUMN DISEASE OR C	Il mean the made of sthenia, etc. Il means dication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	the disease death.)  ony, giving stating the ONTRIBUTINITED TO T. T.  DITION FOR	(B)		or No) 20B. IF YES, WER	
(This does not heart failure, or injury or camp  A DISEASES Of rise to the UNDERLYING  OTHER SIGNIFIT TO THE DE DISEASE OR COTHER DE TO THE DE DISEASE OR COTHER DE TO THE DE DISEASE OR COTHER DE TO THE DE DISEASE OR COT	Il mean the made of esthenia, etc. Il means dication which caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last.  IL CANT CONDITIONS CATH BUT NOT RELACIONDITION CAUSING I OPERATION [178. CONDITION CAUSING I OPERATION [178. CONDITION CAUSING I OPERATION [178. CONDITION [178. CONDITIO	the disease death.)  ony, giving stating the ONTRIBUTINTE.  ONTRIBUTINTE.  DITION FOR ORMED	(B) DUE TO  (C)  IG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, company)	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
(This daes not heart failure, or injury or camp  A  DISEASES OF rise to the UNDERLYING  OTHER SIGNIFIT TO THE DE. DISEASE OR CO. 19A. DATE OF CO. 19A. DATE OF CO. 19A. ACCIDENT OR CONTRIBUT OR CONTRIBUT DEATH (notify of CO.)  DEATH (notify of CO.)  DEATH (notify of CO.)  OTHER SIGNIFIT TO THE DE. 21A. ACCIDENT OR CONTRIBUT DEATH (notify of CO.)  DEATH (notify of CO.)	Il mean the made of esthenia, etc. Il means distributed in the caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last.  IL CANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I'S CONDITION CAUSING I'S CON	ony, giving slating the ONTRIBUTIN TED TO T.  DITION FOR FORMED  (Hour) 21	(B) DUE TO  (C)  (G)  (G)  (G)  (HE  WHICH OPERATION  (B. PLACE OF INJURY (e.g., me, form, foctory, street, company)	in or obout 21 C. WHERE D office bldg., INJURY OCCU	or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
(This daes not heart failure, or injury or camp  A  DISEASES OF rise to the UNDERLYING  OTHER SIGNIFIT TO THE DESTRUCTION TO THE DESTRUCTION TO RECONTRIBUT DEATH (notify or CONTRIBUT	Il mean the made of esthenia, etc. II means distributed in the caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.  IL CANT CONDITIONS CATHER OF THE CONDITION CAUSING I CONDITION CAUSING I CONDITION CAUSING I CONDITION CAUSE OF MEDICAL CONDITION CAUSE OF MEDICAL CONDITION CAUSE OF MEDICAL CONDITION CAUSE OF MEDICAL CAUSE OF M	ony, giving stating the one of the disease death.)  ONTRIBUTINITED TO T. DITION FORMED    21 ho etc.   21 www.   21	(B) DUE TO  (B) DUE TO  (C)  IG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, of the control of the control of the deceased from	20 A. AUTOPSY? (Yes in or obout 21 C. WHERE D office bldg., INJURY OCCU 21 F. HOW DIE 21 F. HOW DIE 21 F. Wester de	Or No) 20B. IF YES, WER IN CERTIFYING CO.  ID (If in Baltim  P INJURY OCCUR?  19 6 U to 2  d that in (my) cour) opth.  Stoff	Dec FINDINGS CONSIDERED CAUSES OF DEATH?  Tore City, give exact location)  19 6  pinion death occurred on the
(This daes not heart failure, or injury or camp  A  DISEASES OF rise to the UNDERLYING  OTHER SIGNIFIT TO THE DE DISEASE OF CO.  19A. DATE OF CO.  21A. ACCIDENT OR CONTRIBUT DEATH (notify of INJURY (APPROX.)  22. I certify that (I) (No.) I ond hour ond	II mean the made of esthenia, etc. II means distributed in the caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last.  II CANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I' OPERATION 19B. CON WAS PERFORM CAUSE OF medical examiner)  (Manth) (Day) (Year)  The cause of the causes state of the cause of the cau	ony, giving slating the ONTRIBUTIN. TED TO T. T. DITION FOR ORMED	(B) DUE TO  (C)  IG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, or me, form, foctory street, or me,	20 A. AUTOPSY? (Yes  in or obout 21 C. WHERE D  office bldg., INJURY OCCU  21 F. HOW DIE  19	or No) 20B. IF YES, WER IN CERTIFYING CIT OF INJURY OCCUR?  19 6 U to 2 of the third to the tin (my) to the ti	pinion deoth occurred on the

Leonard J. Ruck, Inc.-Baltimore, Md. 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 1966 VS 150-REV. 1/1/65

hard control \$135

the proposable part of a later of the column and the first

The second secon

The property of the second of

CAST CHOOL STREET STREET

and the second s

Fig. 14 Water Stell Lillings sand . see V' - will

The state of the s

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

Registered No.

the state of the state of the The first thank the second second 1 42 55 7 7 4 Dings on 1 25 Mel 35 Mel TRAINER HERSES WILLSHIPSTED & FLEXE NICHARD PERIOD TORN IN ELIZABETH CERTIFICAL no subject on the thirty 15 to be the

11

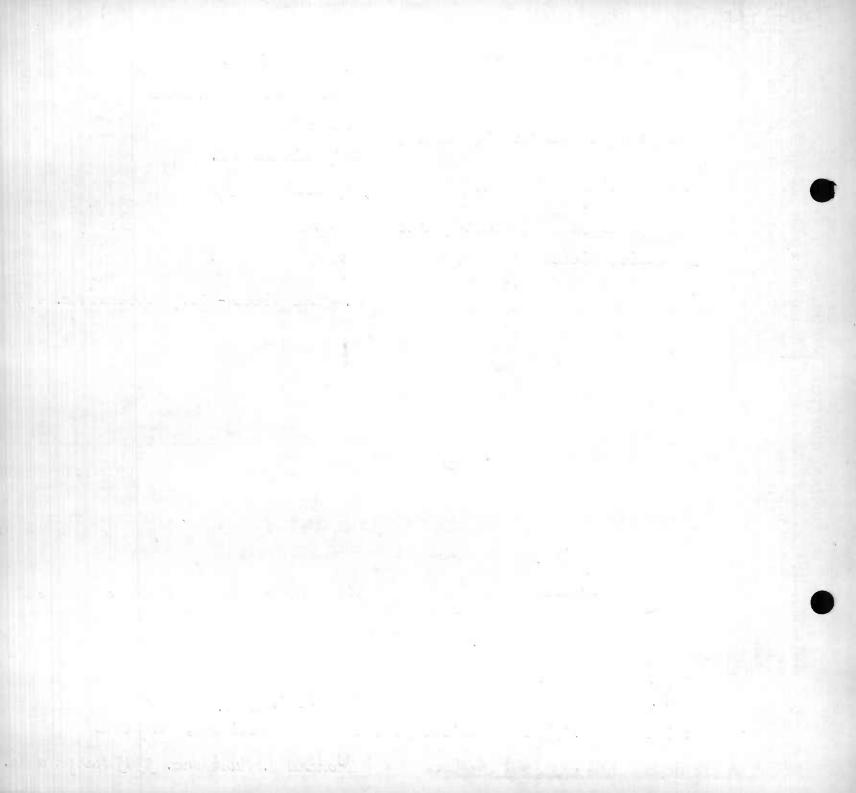
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Cerebramador acodest 12 mil generally atterproportion of the V Palminous . X

FUNERAL DIRECTOR:



BALTIMORE CITY HEALTH DEPARTMENT

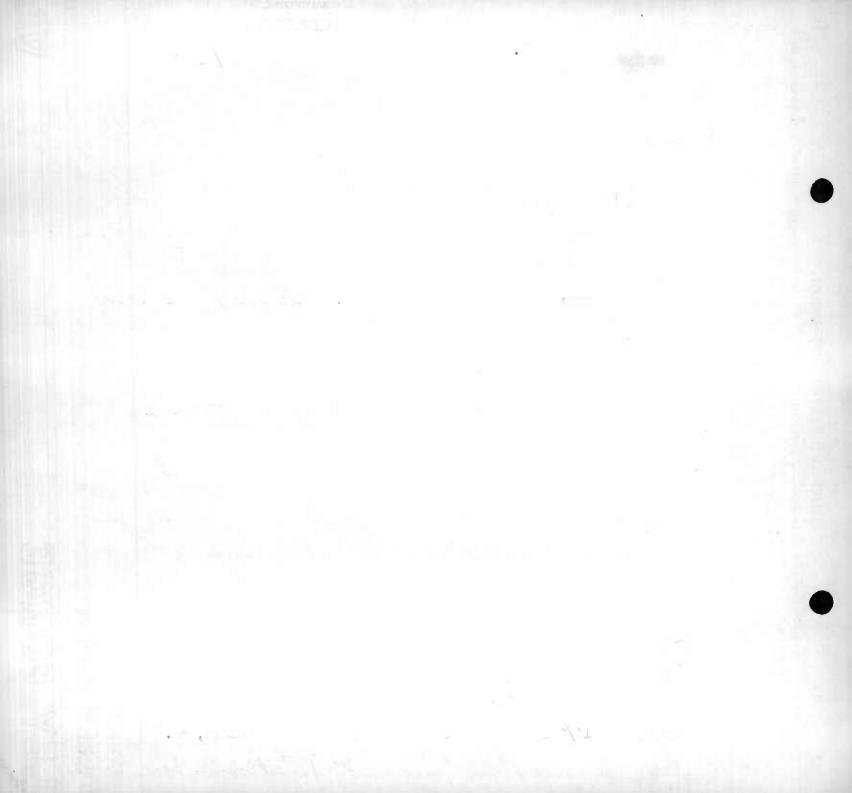
and

IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



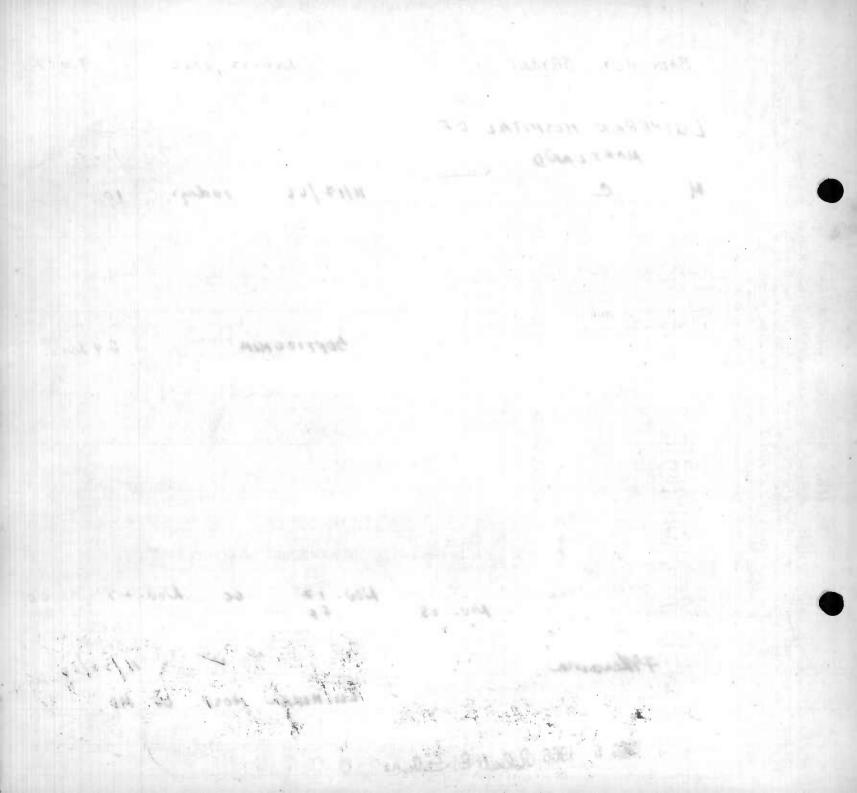
M.E. CASE NO.  1. NAME OF DECEASED (Type or Pint)	2. DATE AND HOUR PRONOUNCED DEAD
GEORGE H PARRISH  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	November 30, 1966 3:50 A
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and two township)  Baltimore
1048 N. Broadway	D. STREET ADDRESS fif rurol, give locotion)  1048 N. Broadway
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE fln yeors If Under 1 Yr. If Under 24 Hr. last birthday)  Months, Doys, Hours, Min.
Male White Divorced  10A. USUAL OCCUPATION (Give kind of work) OR. KIND OF BUSINESS OR INDUSTING done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
The Parrish  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service)  SECURITY NO.	Alice Spradlin  17. INFORMANT  ADDRESS  ADDRESS
No     18	Pauline Williams 2631 Joppa Terrace  SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(Inis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury of complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	iosclerotic Cardiovascular Disease.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING OR CONTRIB-	, in or obout 21C. WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR?
	WHILE WORK
	utapsy and that an this basis, death In my apinian
resulted fram: Natural causes X Accident Suici	CHIEF MEDICAL EXAMINER
EVAMINEDIS	D. ASSISTANT MEDICAL EXAMINER X
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Charles S. Petty  23A. BURIAL CREMATION, 23B, DATE  23C. NAME of CEMETERY	ASSOCIATE MEDICAL EXAMINER 11/30/66

	H NO.	66 120	79	CERTIFIC	CATE O	F DEATH/	Registered Na	. 66 1	2079
I, N	AME OF DECEA	SED	^			2. DATE AN	ID HOUR OF DEATH	Н	
Тур	e or Print)	WDSAY	REG	INA COS	TER	2	11/29 1	366 1 7	40 P
3. PI	LACE OF DEATH	IN BALTIMORE, MA	RYLAND	11177 -00	4. USUAL	RESIDENCE (Whe	re deceased lived. If		ce before admissio
								12 /	16-12
H	ULL NAME OF	(If not in hospital oddress or location		give street	C. CITY	ARYLAND OR TOWN WE OW	tside city limits, write	RURAL and give	township)
in	NSTITUTION				R		ORE	5	3-00
1	(A)/A)	MEAN	DRIA	L HOSPI	D. STREE		rurol, give location)		J
1	11010	1 .2101	0 10/11	L 1.03171	9 9	DELN	IAR AU	ENUE	
5. SI	EX 6.	RACE	7. MARRIED,	NEVER MARRIED	8. DATE C	F BIRTH	9. AGE (In years	If Under 1 Yr.	, If Under 24 H
-	134 F	11/	WIDOWEL	D, DIVORCED specify	April	/12 1992 kk x x x x x x x	64 EXX	Months Doys	Hours Min.
ΙÓΆ.	USUAL OCCUPA	TION (Give kind of wor		BUSINESS OR INDU	STRY 11, BIRTH	PLACE (State or fore		12. CITIZEN O	F
done	during most of wor	king life, even if retired)	B 1.		1 1	401	2010	WHAT CO	OUNTRY?
	XXXXX	Wydycytyche.	Banki	ng	101	AKYLI	+1111	1.	S.H.
3. F	ATHER'S NAME				14. MOTH	IER'S MAIDEN NA	ME C 11		
	L B M V	JK S.	(09	TER	0	LARA	Some	zer view	x lex lex
5. V	Vas Deceased Ev	er in U. S. Armed Fo	rces?	SECURITY NO.	17. INFOR	MANT	JOLAN JOLA	ADD	RESS
100		yes, give wor or do	es 01 selvice/			1 771 0	0 × D 0		3/10
	No 18. 16.14	V		219-14-181°	E OF DEATH	rd Fifer	95 Delmar	Ave Balti	VAL BETWEEN
	117	OR CONDITION DI	DECTIV			1			T AND DEATH
		OK COMPINION DI	KECILI	L I	1 13			0	
	LE	ADING TO DEATH		X	anlos	Lehie	OUNT BOX	- /	1480
	(This daes nat	mean the made of	f dying, e.g.,	(A) DUE TO	letar	Lakie	cancer	0, 0	year
	(This daes nat heart failure, as		f dying, e.g., s the disease,	(A) DUE TO	letar	There	cancer icl, gener	alized	years
	(This daes nat heart failure, as injury ar campli	mean the made of thenia, etc. It means cation which cause	f dying, e.g., s the disease, d death.)	(B)	of the	Tuyo	cancer icl, gener	alred	year
	(This daes nat heart failure, as injury ar campli AN	mean the made of thenia, etc. It means cation which caused TECEDENT CAUSES	f dying, e.g., s the disease, d death.)	(A) DUE TO	of the	Twys	cancer icl, gener	alred Ot	year
	(This daes natheast failure, as injury as camplian AN DISEASES OR rise to the	mean the made of thenia, etc. It means cation which caused TECEDENT CAUSE CONDITIONS, if above cause (A)	f dying, e.g., s the disease, d death.) S	(B)	of the	Tuyo	cancer icl, gener	alized	years S, M.D.
	(This daes natheast failure, as injury as camplian AN DISEASES OR rise to the	mean the made of thenia, etc. It means cation which caused TECEDENT CAUSES CONDITIONS, if	f dying, e.g., s the disease, d death.) S	(B)	of the	Theyos	cancer icl, gener	alized in lite	years o, M.D.
7	(This does natheart failure, as injury ar campli  AN DISEASES OR rise to the UNDERLYING (	mean the made of thenia, etc. It means cation which caused TECEDENT CAUSE CONDITIONS, if above cause (A) CONDITION last.	f dying, e.g., s the disease, d death.) S any, giving stating the	(B) DUE TO	of the	Theyro	cancer id, gener	alogd in lite	years 5, M.D.
NOI	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (	mean the made of thenia, etc. It means cation which caused TECEDENT CAUSE CONDITIONS, if above cause (A)	f dying, e.g., s the disease, d death.) S any, giving stating the	(B)	of the	Theyro	cancer id, gener	alged	years S, M.D.
CATION	(This does natheart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO	mean the made of thenia, etc. It means cotion which caused TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION tost.  Il ANT CONDITIONS TH BUT NOT RELINDITION CAUSING	f dying, e.g., s the disease, d death.) S any, giving stating the CONTRIBUTING ATED TO TH	(B)(C)	of the	Thys	cancer id, gener	alged in lite	years S, M.D,
TIFICATION	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEA	mean the made of thenia, etc. It means cation which caused TECEDENT CAUSE: CONDITIONS, if above cause (A) CONDITION last.  I ANT CONDITIONS THE BUT NOT RELEVANCING CAUSING PERATION 198. CON	f dying, e.g., s the disease, d death.) S any, giving stating the CONTRIBUTING ATED TO TH	(B)	of the	They so I No	can set	alized  Lateral  Lateral  Efindings con  Auses of death	J. M.D.
ERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO.	mean the made of thenia, etc. It means called which caused techniques (A) CONDITIONS, if abave cause (A) CONDITION last.  II ANT CONDITIONS TH BUT NOT RELADITION CAUSING PERATION 198. CONWAS PER	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING ATED TO THIT.	(B)	20A. A		IN CERTIFYING C	AUSES OF DEATH	1?
L CERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19.A. DATE OF O. 21.A. ACCIDENT OR CONTRIBUTION	mean the made of thenia, etc. It means called which caused tecephor caused (A) CONDITIONS, if above cause (A) CONDITION last.  I ANT CONDITION STATE OF THE BUT NOT RELIVINITION CAUSING PERATION 198. COUNTY OF THE CONDITION CAUSING	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING ATED TO TH IT.  NOTION FOR VERFORMED	G E WHICH OPERATION  PLACE OF INJURY (c.e., form, foctory, street	20A. A	21C. WHERE DID	IN CERTIFYING C	E FINDINGS CON- AUSES OF DEATH DIE City, give exoc	1?
CAL CERTIFIC	(This does natheart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO.	mean the made of thenia, etc. It means to calion which caused to the cau	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING ATED TO TH IT.  NOTION FOR WERORMED  218, hometc.	G E WHICH OPERATION  PLACE OF INJURY (e.e., form, foctory, street)	20A. A	21C. WHERE DID	IN CERTIFYING C	AUSES OF DEATH	1?
DICAL CERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19.A. DATE OF O. 21.A. ACCIDENT OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBU	mean the made of thenia, etc. It means called which caused tecephor caused (A) CONDITIONS, if above cause (A) CONDITION last.  I ANT CONDITION STATE OF THE BUT NOT RELIVINITION CAUSING PERATION 198. COUNTY OF THE CONDITION CAUSING	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTION FOR MED TO THE TRANSPORMED  218, hometc.; (Hour) 21E.	GE WHICH OPERATION  PLACE OF INJURY (e.e., form, foctory, street)	20A. A	21C. WHERE DID	IN CERTIFYING C	AUSES OF DEATH	1?
MEDICAL CERTIFIC	(This does natheart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO.	mean the made of thenia, etc. It means to calion which caused to the cau	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTION FOR MED TO THE TRANSPORMED  218, hometc.; (Hour) 21E.	G E WHICH OPERATION  PLACE OF INJURY (c. te, form, foctory, street)  INJURY OCCURRED tile At Not	20A. A	RIC. WHERE DID	IN CERTIFYING C	AUSES OF DEATH	1?
MEDICAL CERTIFIC	(This does natheart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFICATION THE DEADISEASE OR CO. 19A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTING CONTRIBUTING DEATH (notify m. 21D. TIME (APPROX.)	mean the made of thenia, etc. It means calion which caused to the caused	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING ATED TO TH IT.  NDITION FOR WRFORMED  218, hometc.:  (Hour) 21E, Wh	GE WHICH OPERATION  PLACE OF INJURY (co., form, foctory, stree)  INJURY OCCURRED  ILINIURY OCCURRED  ILINIURY OCCURRED  ILINIURY OCCURRED	20A. A 2.g., in or obout et, office bldg.,  While	21C. WHERE DID NJURY OCCUR? 21F. HOW DID INJ	IN CERTIFYING C	AUSES OF DEATH	1? :t locotion)
MEDICAL CERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CC 19A. DATE OF O 19A. DATE O 1	mean the made of thenia, etc. It means to the made of	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTION FOR MED TO THE STORMED TO THE S	GG E WHICH OPERATION  PLACE OF INJURY (ce, form, foctory, stree)  INJURY OCCURRED ite At	20A. A e.g., in or obout et, office bldg., While	21C. WHERE DID NJURY OCCUR?	URY OCCUR?	AUSES OF DEATH	1? :1 locotion)
MEDICAL CERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19.A. DATE OF O. 21.A. ACCIDENT OR CONTRIBUTING CONTRIBUTING OF INJURY (APPROX.)  22. I certify that (I) (we) lace of the contribution of	mean the made of thenia, etc. It means to the made of	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING TO THIT.  ATED TO THIT.  DITION FOR VERFORMED  218, hometc.  (Hour) 21E, Who who we to contribute the cont	G (B) DUE TO (C)	20A. A  20A. A  20A. A  20A. A  20A. A  20A. A	21C. WHERE DID NJURY OCCUR? 21F. HOW DID INJ	IN CERTIFYING C	AUSES OF DEATH	1? :1 locotion)
MEDICAL CERTIFIC	(This does natheart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A.DATE OF O. 21A. ACCIDENT OR CONTRIBUTING DEATH (notify more contributing of injury (APPROX.)  22. I certify the that (I) (we) to and hour and finder cample of injury (APPROX.)	mean the made of thenia, etc. It means to the made of	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING TO THIT.  ATED TO THIT.  DITION FOR VERFORMED  218, hometc.  (Hour) 21E, Who who we to contribute the cont	GG E WHICH OPERATION  PLACE OF INJURY (ce, form, foctory, stree)  INJURY OCCURRED ite At	20A. A  20A. A  20A. A  20A. A  20A. A  20A. A	21C. WHERE DID NJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	AUSES OF DEATH	19 6 curred on the de
MEDICAL CERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19.A. DATE OF O. 21.A. ACCIDENT OR CONTRIBUTING CONTRIBUTING OF INJURY (APPROX.)  22. I certify that (I) (we) lace of the contribution of	mean the made of thenia, etc. It means to the made of	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING TO THIT.  ATED TO THIT.  DITION FOR VERFORMED  218, hometc.  (Hour) 21E, Who who we to contribute the cont	GE WHICH OPERATION  PLACE OF INJURY (c) e, form, foctory, stree  INJURY OCCURRED ite At Not A	20A. A  e.g., in or obout et, office bldg.  While Nork  19  19	21C. WHERE DID NJURY OCCUR?  21F. HOW DID INJ  1/2   6 and the ady after death.	URY OCCUR?	AUSES OF DEATH	19 6 curred on the de
MEDICAL CERTIFIC	(This does natheart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A.DATE OF O. 21A. ACCIDENT OR CONTRIBUTING DEATH (notify more contributing of injury (APPROX.)  22. I certify the that (I) (we) to and hour and finder cample of injury (APPROX.)	mean the made of thenia, etc. It means to the cause of th	d dying, e.g., she disease, d death.)  any, giving stating the CONTRIBUTION FOR MED  CONTRIBUTION FOR MED  (Hour) 21E, Wh. Wo. 1) attended the dalive an	G (B) DUE TO (C)	20A. A  20A. A  20A. A  20A. A  20A. A  20A. A	21C. WHERE DID NJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	AUSES OF DEATH	19 66 curred on the de
MEDICAL CERTIFIC	(This does nal heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A.DATE OF O. 21A. ACCIDENT OR CONTRIBUTING DEATH (notify m. 21D. TIME OF INJURY (APPROX.)  22. I certify the that (I) (we) to and hour and find the contribution of the contrib	mean the made of thenia, etc. It means to the made of	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING TO THIT.  ATED TO THIT.  DITION FOR VERFORMED  218, hometc.  (Hour) 21E, Who who we to contribute the cont	GE WHICH OPERATION  PLACE OF INJURY (c) e, form, foctory, stree  INJURY OCCURRED ite At Not A	20A. A c.g., in or obout et, office bldg.,  While Nork  19  Attending	21C. WHERE DID NJURY OCCUR? 21F. HOW DID INJ  1 2 2 and the ady after death.  Med. Director	URY OCCUR?  19 6 to at in (my) (aur) ap	Dinian death acc	1966 curred on the di
MEDICAL CERTIFIC	(This does nal heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19.A. DATE OF O. 21.A. ACCIDENT OR CONTRIBUTING (APPROX.)  21.D. TIME OF INJURY (APPROX.)  22. I certify the that (I) (we) to and hour and for 23.A. SIGNATURE (Type 12.A. NAME (Type 12.A. NAME (Type 12.A. NAME (Type 12.A. SIGNATURE 13.A. SIGNATURE (Type 12.A. NAME (Type 12.A. SIGNATURE 13.A. SIGNATURE (Type 12.A. NAME (Type 12.A. SIGNATURE 13.A. SIGNATURE 13.A. SIGNATURE (Type 12.A. SIGNATURE 13.A. SIGNATURE (Type 13.A. SIGNATURE 13.A. SIGNATURE 13.A. SIGNATURE (TYPE 13.A. SIGNATURE 13.A.	mean the made of thenia, etc. It means to the made of	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING TO THIT.  ATED TO THIT.  NOTION FOR VERFORMED  218. hometric.  (Hour) 21E. Why who controlled the dealive an	GE WHICH OPERATION  PLACE OF INJURY (component of the component of the com	20A. A c.g., in or obout et office bldg.  While Work  19  Attending Phys.	21C. WHERE DID NJURY OCCUR? 21F. HOW DID INJ  1 2 2 and the ady after death.  Med. Director	URY OCCUR?	Dinian death acc	1966 curred on the delined of the de
MEDICAL CERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A.DATE OF O. 21A. ACCIDENT OR CONTRIBUTING CONTRIBUTING (APPROX.)  21D. TIME (APPROX.)  22. I certify the that (I) (we) to and hour and find the contribution of the contributi	mean the made of thenia, etc. It means to the made of	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTING TO THIT.  ATED TO THIT.  ADDITION FOR WHO we te  (Hour) 21E. Who will attended the dalive an arted above. (1)	GE WHICH OPERATION  PLACE OF INJURY (c. form, foctory, street)  INJURY OCCURRED  ille At Not	While Work 19.  Attending 123D. ADDR	CIC. WHERE DID NJURY OCCUR?  CIF. HOW DID INJ  COMMENT OF THE UNIVERSITY OF THE UNIV	URY OCCUR?  19 (6 to ot in (my) (aur) approximation (my)  Shoff Phys. ON MEMOR I	pinian death according to the control of the contro	1966 curred on the delication of the delication
MEDICAL CERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.)  21D. TIME (APPROX.)  22. I certify the that (I) (we) to and hour and five the control of the co	mean the made of thenia, etc. It means to thenia, etc. It means to the made of	d dying, e.g., she disease, death.)  any, giving stating the contribution for the transfer of the death of th	GE WHICH OPERATION  PLACE OF INJURY (component of the component of the com	While Work  Attending Phys.  Attending CANATORY  CREMATORY	21C. WHERE DID NJURY OCCUR?  21F. HOW DID INJ  (1) 2 and the ady after death.  Med. Director  ESSTHE UNI  (ERT) AND 24D, L	URY OCCUR?  19 (0 to	Dinian death acc	1966 curred on the delication of the delication
MEDICAL CERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.)  21D. TIME (APPROX.)  22. I certify the that (I) (we) to and hour and five the control of the co	mean the made of thenia, etc. It means to thenia, etc. It means to the made of	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTION FOR MED TO THIT.  POINTON FOR MED TO THE CONTRIBUTION FOR MED	GE WHICH OPERATION  PLACE OF INJURY (e.e., form, foctory, street)  INJURY OCCURRED  ille At Not At N	While Work  Attending Phys.  Attending CANATORY  CREMATORY	21C. WHERE DID NJURY OCCUR?  21F. HOW DID INJ  (1) 2 and the ady after death.  Med. Director  ESSTHE UNI  (ERT) AND 24D, L	URY OCCUR?  19 (0 to	pinian death acc	1966  curred on the delibert of the delibert o
MEDICAL CERTIFIC	(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.)  21D. TIME (APPROX.)  22. I certify the that (I) (we) to and hour and five the control of the co	mean the made of thenia, etc. It means to thenia, etc. It means to the made of	f dying, e.g., s the disease, d death.)  S any, giving stating the CONTRIBUTION FOR MED TO THIT.  POINTON FOR MED TO THE CONTRIBUTION FOR MED	GE WHICH OPERATION  PLACE OF INJURY (c. form, foctory, street)  INJURY OCCURRED  ille At Not	While Work  Attending Phys.  23D. ADDR  ATTENDATORY  25C. F	21C. WHERE DID NJURY OCCUR?  21F. HOW DID INJ  (12 and the ady after death.  Med. Director   ESSTHE UNI  (ERT) AND  24D, L	URY OCCUR?  19 (0 to	pinian death according to the control of the contro	1966  curred on the deliberation (Stote)  Land DDRESS

Beatles Mill on the Control

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
is certificate me body was relows: (1) An acc as D.O.A. at a
5550

IRTH NO. 66 12080		ATE OF DEATH	Registered No	66 12080
A.E. CASE NO.	CERTIFICA	ATE OF DEATH		
NAME OF DECEASED			HOUR OF DEAT	
BABY BOY BRYAD	_	NOU.		9:10
PLACE OF DEATH IN BALTIMORE, MARYLAN	ID .	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, Il	institution: residence before admi:
FILL NAME OF 18 in bracket as inch	1442	Maryland		
FULL NAME OF (If not in hospital or instinction)  HOSPITAL OR address or location)	notion, give street		ide city limits, write	RURAL and give township)
I UTHERAN HOSPIT	TAI DE	BALTIN	ore	21-12
Luftie ickie west in	AL U.		rol, give location)	
HO MARYLAND		744/11	URET	TA AVE
	ARRIED NEVER MARRIED		AGE (In years	If linder 1 Vr. If Illader 24
	DOWED, DIVORCED (specily)	o. Date of bikin	ast birthdoy)	Months Days Hours M
MC		11/14/66	10 days	
JA, USUAL OCCUPATION (Give kind of work 10B, K one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareig	n country)	12. CITIZEN OF WHAT COUNTRY?
une doffing most of working me, even a femely		11.S.A		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
		m .		
Samuel		11/A991E		11-24
5. Was Deceased Ever in U. S. Armed Farces? (es,na ar unknown)(If yes, give war ar dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
, 5, 8, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	JEGORIII IIO.			
18.	CALISE	OF DEATH		INTERVAL BETWEEN
10010		wenn		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		SEPTICEMI	41	24 hrs.
(This does not mean the made of dying	A. e.g., DUE TO	Sop / Coo Fu		a 7 Ma
heart failure, asthenia, etc. It means the d	isease,			
injury ar complication which coused death	.I			
The state of the s				
ANTECEDENT CAUSES	(B)		56 5A 66 676 6 574 6 474 6 474 6 5 5 7 6 5 5 4 4	
DISEASES OR CONDITIONS, if any,	(B)		588A 65 6768 67A 64A 64A 667 68A 6	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station	(B)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION last.	(B)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION lost.	giving (C)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED	giving (C)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving g lhe (C)  IBUTING TO THE			F FINDINGS CONSIDERED
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving ng lhe (C)  IBUTING TO THE	20A. AUTOPSY? (Yes or No)	20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) station UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	giving  g lhe  (C)  BBUTING TO THE  N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WER	AUSES OF DEATH?
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  198- DATE OF OPERATION 198- CONDITION WAS PERFORMED TO CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	giving ng lhe (C)  BBUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF fNJURY (e.g., hame, form, foctory, street,		20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) station UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	giving  g lhe (C)  IBUTING  TO THE  N FOR WHICH OPERATION  ED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WER	AUSES OF DEATH?
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) station UNDERLYING CONDITION last.  I OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21D. TIME (Month) (Day) (Year) (Hor	giving g lhe (C)  IBUTING TO THE  N FOR WHICH OPERATION ED  218. PLACE OF fNJURY (e.g., hame, farm, foctory, street, etc.)	20A. AUTOPSY? (Yes or No)	20B. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) station UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  198. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)  21D. TIME (Month) (Day) (Year) (Have performed to the contribution of the co	giving giving gig like  (C)  IBUTING TO THE  N FOR WHICH OPERATION  218. PLACE OF fNJURY (e.g., hame, farm, foctory, street, etc.)  218. INJURY OCCURRED  While At Nat Wi	in or obout 21 C. WHERE DID office bldg., iNJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station underlying Condition last.  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (natily medical examine)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examine)	giving gg lhe (C)  IBUTING TO THE  POR WHICH OPERATION  21B. PLACE OF fNJURY (e.g., hame, farm, foctory, street, etc.)  21E, INJURY OCCURRED  While At Not Will At Wark	20A. AUTOPSY? (Yes or No) in ar about 21 C. WHERE DID office bidg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	ore City, give exact location)
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) station UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRICT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A-ACCIDENT WAS UNDERLYING DEATH (natily medical examinet)  21D-TIME (Month) (Day) (Year) (How of INJURY (APPROX.)	giving gig like  (C)  BBUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF fNJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not William At Work  Indeed the deceased from	20A. AUTOPSY? (Yes or No) in ar about 21 C. WHERE DID office bidg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	ore City, give exact lacation)
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) station UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRICT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A-ACCIDENT WAS UNDERLYING DEATH (natily medical examinet)  21D-TIME (Month) (Day) (Year) (How of INJURY (APPROX.)	giving gig like  (C)  BBUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF fNJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not William At Work  Indeed the deceased from	in ar about 21 C. WHERE DID office bldg., fNJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?  ore City, give exact lacation)
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) station UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING DEATH (natily medical examinet)  21D. TIME (Month) (Day) (Year) (Have Control of Injury (APPROX.)  22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased alignment)	giving gg lhe (C)  #BUTING TO THE  1 PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.)  21E, INJURY OCCURRED  While At At Wark  Indeed the deceased from	20A. AUTOPSY? (Yes or No)  in ar about 21C. WHERE DID office bldg., FNJURY OCCUR?  21F. HOW DID INJU	20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?  ore City, give exact lacation)
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) station UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21D. TIME (Month) (Day) (Year) (Have of INJURY (APPROX.)  22. I certify that (I) (this hospital) attention ond hour and fram the causes stated at any ond hour and fram the causes stated at a state of the causes.	giving gg lhe (C)  #BUTING TO THE  1 PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.)  21E, INJURY OCCURRED  While At At Wark  Indeed the deceased from	20A. AUTOPSY? (Yes or No)  in ar about 21C. WHERE DID office bldg., FNJURY OCCUR?  21F. HOW DID INJU	20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?  ore City, give exact lacation)
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21D. TIME (Month) (Day) (Year) (Have performed) (APPROX.)  22. I certify that (I) (this hospital) attention of the couses stated of the couse stated of the couses stated of the couses stated of the couses stated of the couses stated of the couse stated of the couse stated of the couses stated of the couse stated o	giving ng lhe (C)  BUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not William At Work  Indeed the deceased from	20A. AUTOPSY? (Yes or No)  in ar about 21 C. WHERE DID olfice bldg., fNJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	20B. IF YES, WER IN CERTIFYING COUR?  (If in Baltim  IRY OCCUR?	ore City, give exact location)  Ou - 2 9 19 6  Pinfon death occurred on the
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)  21. TIME (Month) (Day) (Year) (Have Contributed or Contributed Contrib	giving ng lhe (C)  BUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not William At Work  Indeed the deceased from	20A. AUTOPSY? (Yes or No)  in ar about 21 C. WHERE DID olfice bldg., fNJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	20B. IF YES, WER IN CERTIFYING COUR?  (If in Boltim  RY OCCUR?	ore City, give exoct location)  OD - 2 9 19 6  Pfinfon death occurred on the
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) station UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTROL THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21D. TIME (Month) (Day) (Year) (Have of INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that the causes stated of the condition of the causes stated of the cause stated of the causes stated of the cause state	giving ng lhe (C)  BUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not William At Work  Indeed the deceased from	20A. AUTOPSY? (Yes or No)  in ar about 21 C. WHERE DID office bldg., fNJURY OCCUR?  21F. HOW DID INJU hile 19	20B. IF YES, WER IN CERTIFYING COUR?  (If in Baltim  IRY OCCUR?	ore City, give exact location)  OU - 2 9 19 6  Pinfon death occurred on the
DISEASES OR CONDITIONS, if any, rise la the abave cause (A) stalin UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21D. TIME (Month) (Day) (Year) (Hadden Contribution) (APPROX.)  22. I certify that (I) (this hospital) attempts that (I) (we) lost sow the deceased aligned on the causes stated at 23A. SIGNATURE	giving ng lhe (C)  BUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not William At Work  Indeed the deceased from	20A. AUTOPSY? (Yes or No)  in ar about 21 C. WHERE DID office bldg., fNJURY OCCUR?  21F. HOW DID INJU hile 19	20B. IF YES, WER IN CERTIFYING COUR?  (If in Baltim  IRY OCCUR?	ore City, give exact location)  OU - 2 9 19 6  Pinfon death occurred on the
DISEASES OR CONDITIONS, if any, rise la the abave cause (A) staling underlying condition last.  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (natily medical examinet)  21D. TIME (Month) (Day) (Year) (Have of INJURY (APPROX.)  22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased aligned on the causes stated at 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	giving  ng lhe (C)  #BUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.)  21E. INJURY OCCURRED  While At At War  At Wark  At War  Not Will onded the deceased from the deceased fro	20A. AUTOPSY? (Yes or No)  in or obout 21C. WHERE DID olfice bldg., fNJURY OCCUR?  21F. HOW DID INJU  19	20B. IF YES, WER IN CERTIFYING COUR?  (If in Baltim  IRY OCCUR?	Pinfon death occurred on the
DISEASES OR CONDITIONS, if any, rise la the abave cause (A) staling underlying condition last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (natily medical examiner)  21D. TIME (Month) (Day) (Year) (Have of INJURY (APPROX.)  22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased aligned on the causes stated at 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	giving giving gig like  (C)  IBUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Wark  Indeed the deceosed from the prove on Power (I) (We) (did) (did not)  M.D. April	20A. AUTOPSY? (Yes or No)  in or obout 21C. WHERE DID olfice bldg., fNJURY OCCUR?  21F. HOW DID INJU  19	20B. IF YES, WER IN CERTIFYING COUR?  (If in Baltim  IRY OCCUR?	Pinfon death occurred on the
DISEASES OR CONDITIONS, if any, rise la the abave cause (A) station underlying CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21D. TIME (Month) (Day) (Year) (Have provided in the causes stoted of the condition of the causes stoted of the condition of the causes stoted of the causes sto	giving ng lhe (C)  BBUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Wark  anded the deceosed from  ve on Pay 25  Dove. (I) (We) (did) (did not)  M.D. April	20A. AUTOPSY? (Yes or No)  in ar about 21 C. WHERE DID office bldg., fNJURY OCCUR?  21F. HOW DID INJU hile  19	20B. IF YES, WER IN CERTIFYING COUR?  (If in Baltim  IRY OCCUR?	pinion death occurred on the
DISEASES OR CONDITIONS, if any, rise la the abave cause (A) station underlying CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (natily medical examinet)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (natily medical examinet)	giving giving gig like  (C)  IBUTING TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Wark  Indeed the deceosed from the prove on Power (I) (We) (did) (did not)  M.D. April	20A. AUTOPSY? (Yes or No)  in or obout 21C. WHERE DID olfice bldg., fNJURY OCCUR?  21F. HOW DID INJU  19	20B. IF YES, WER IN CERTIFYING COUR?  (If in Baltim  IRY OCCUR?	Pinfon death occurred on the



	66-25723	BALTIMORE CITY	HEALTH DEPARTMENT		00
	н но.	CERTIFICA	TE OF DEATH	Registered Na.	66 12081
	AME OF DECEASED			D HOUR OF DEATH	-
	e or Print) RURTONI	BABY GiR		1/30/6	C 1 25 F
3. P	LACE OF DEATH IN BALTIMORE, MARYLAN	DISTOY CITY	4. USUAL RESIDENCE (When	e deceased lived. If insti	itution: residence before admiss
			A. STATE B. COUN	TY	
F	ULL NAME OF (If nat in hospital or inst IOSPITAL OR oddiess or location)	itution, give stieet	MAYSA	IAND	
	NSTITUTION oddiess or location)		C. CITY OF TOWN (If out	side city limits, write RU	RAL and give township)
	12		DAID	more	28-03
1	to sinac		D. STREET ADDRESS	iuiol, give location)	
	/		2211-10	JCEER 4	ane
5. S		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Days Hours Mi
	F W "	Sovreb, Sivoketb (specify)	11/29/66	iosi olillidoy/	28 -
IGA.	USUAL OCCUPATION (Give kind of work 10 B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done	during most of working life, even if retired)		manul	- 4	WHAT COUNTRY?
10	TATLISMS NIAAAS		MARYL		
13. [	FATHER'S NAME	* T	14. MOTHER'S MAIDEN NAM	NE	
`	Wm.J. Bureton, .	JR.	maribe	th Enz	lan
15. V	Vos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes,	no or unknown) (If yes, give war or dates of s	SECURITY NO.			
	1B. 7 2 3 1 1	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	. 1	1 200	1	
	LEADING TO DEATH	IA) H	10/INE MEN	brane Di	speech 22
	(This does not mean the made of dying	, e.g., DUE TO		and a state of the	7
	hearl failure, asthenia, etc. II means the d		20		
	ANTECEDENT CAUSES	(B)	rkematur	174	
		DUE TO		4	
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating			)	
	UNDERLYING CONDITION last.	(0)			
	11				
N	OTHER SIGNIFICANT CONDITIONS CONTR				
ATIO	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
0	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
CERTIFIC	WAS PERFORME	D		IN CERTIFYING CAUS	SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Baltimore (	City, give exact location)
-4	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
U					
8.8.6	21D. TIME (Month) (Doyl (Year) (Hou OF INJURY		21 F. HOW DID INJ	URY OCCUR?	
->	(APPROX.)	While AI Work AI Work			
-				- //	.15
- 1	22. I certify that (1) (this haspital) atte	nded the deceased fram	11/29 1	9 CC to 11	1/30 196
	that (1) (we) last saw the deceased ali	ve an 11/30	19 CdC and the	at in (my) (our) apini	an death accurred an the
	and hour and fram the causes stated ab	ave. (1) (We) (did) (did not)			
L	23A. SIGNATURE	1 (313 1131)	July dien deaths	lo lo	3B. DATE SIGNED
	8 2 1	M.D. All	ending Med.	Stoff	
	Suntaid 1 &	er an Phy	rs. Director	Phy s	1//30/66
	23 C. PHYSICIAN'S NAME (Type	1	23D. ADDRESS	11	1-10
	150 JUAN	LEVIN M.D.	1 21 Drich Color -	antesan	bol
24A	BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF CR	EMANATUM E	CLARD OF A	TO STORY OF THE ST
- /-	REMOVAL (Specify)	E-STANISHE AL SEMISTERI OF CK			(310)
	19-9-46		JOHNS HOP	KINS MEDI	TOOR OF TAI
25A	DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	1125011	ALLEN STONES
	BEC 5 1966 (P.O	A 2 Jallins	2 O Janon	MIADW CEE	enter weiter
VS 1	50-REV. 1/1/69		muki	WARY SEN	William Chair
- '		3	/		

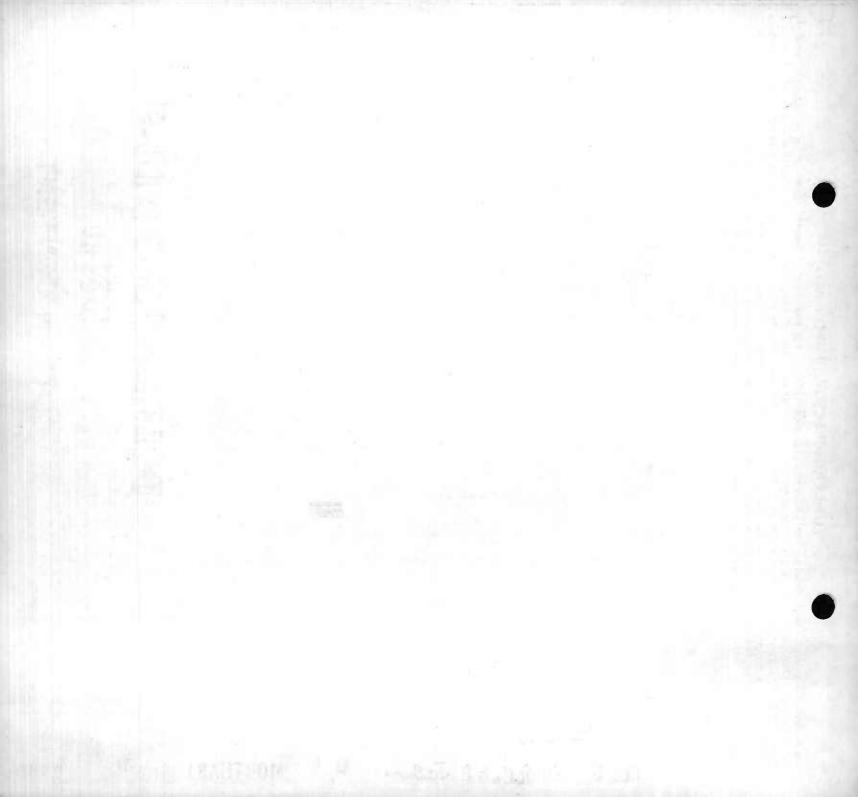
Graduate with the collection MONDE AND IN CONTROL PERMIT 

BALTIMORE CITY HEALTH DEPARTMENT Rea sered Na. CERTIFICATE OF DEATH of death Deceased the Such M.E. CASE NO. and 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital death. 3. PLACE OF DEATH IN BALTIMONE, MARYLAND USUAL RES DENCE (Where deceased lived, If institution; reside attendance A. STATE 8. COUNTY cause; (5) cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) city limits, write RURAL and give Jawnship) INSTITUTION 5 .5 prior contributing rurol, give location) occurred is made. etermined in regular 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Days If Under 24 Hrs. eceased Min. 32 last birthday WIDOWED, DIVORCED (specify) Hours NEW BORN EVER 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? eath dane during most of working life, even if retired) Und ARYLAND Ū Was the 14. MOTHER'S MANDEN NAME ō 13. FATHER'S NAME TINE MULCHI 0 death 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIA ADDRESS final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance any pronounced 0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med ofo LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., embal hearl foilure, osthenio, etc. Il means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the = physician UNDERLYING CONDITION lost. mains chief medical Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED the re physician TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES. WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? the 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) where OR CONTRIBUTING CAUSE OF hospital ° be MEDICAL DEATH (natify medical examiner) etc.) nature: obtained 21 D. TIME OF INJURY (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved (except Not While While At (APPROX.) and Wark At Work to the any 22. 1 certify that (1) (this haspital) attended the deceased fram 19 ..... .....19 that (I) (we) last saw the deceased alive an ...and that in(my) (aur) apinlan death occurred an the date hospital eath) and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady ofter deoth. must 23A. SIGN ATURI 23B. DATE SIGNED must 0 Attending Phys. Med. 0 Director approval 0 prior 23C. PHYSICIAN'S 23D. ADDRESS Was at NAME (Type M.D Dranle 24A. BURIAL CREMATION. eceased 24C. NAME of CEMETERY OF CREMATORY D.0. he body REMOVAL (Specify) written SD 25A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR 25C. VS 150-REV. 1/1/65

IMPORTANT

DIRECTOR:

FUNERAL

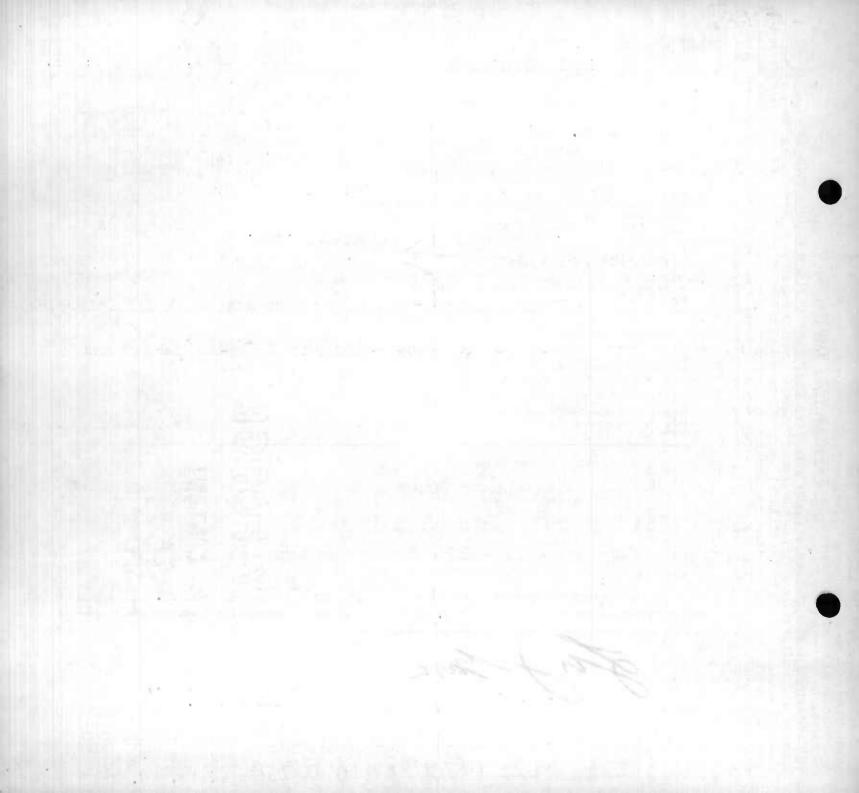


BIRTH NO. 66 34506 66 120	22	Y HEALTH DEPARTMENT	Registered No	66 12083 4
M.E. CASE NO.  1, NAME OF DECEASED	CERTIFICA		ID HOUR OF DEATH	10
(Type or Print) LEMOINE BA	By 304		14 66	TE AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re doceosed lived. If inst	titution: rosidenco beforo admission)
FULL NAME OF (If not in hospital or institution)  HOSPITAL OR oddress or location)	ution, give street	C. CITY OR TOWN (IF OUT	BAUT tside city limits, write RL	JRAL ond give township)
	` ~ 0	D. STREET ADDRESS (III	rurol, give location)	33-00
42 Sinai H		2762 Ya	roce R	d .
M M	RRIED NEVER MARRIED OWED, DIVORCED (specify)	11/14/66		H Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B. KIN done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	MARYLAND	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	STATE LINE	14. MOTHER'S MAIDEN NA	ME	V-30 \$1
Filbert Lamou	e			
15. Was Deceased Ever in U. S. Armod Forcas? (Yes, no or unknown) (Iff yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	HOSO Jaco	Resad	ADDRESS
18. 7 7 5 0 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			6 1 1	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	mostive He	ent deilu	1
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the above cause (A) slating				
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING O THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 R PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)		21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work At Work	rk L		4.10
22. I certify that (I) (this haspital) otten	ded the deceased from	1 4 3.50 AM	19 66 to 11	14 1. 7 mm 19 66
that (1) (we) last saw the deceased alive	an 11 14	19 66 and th	at In(my) (aur) opini	Ion deoth occurred on the date
and hour and from the couses stated abo	ve. (I) (We) (did) (did nat)	view the bady ofter death.		
23A. SIGNATURE				23B. DATE SIGNED
- treenustla	ALL M.D. A	ttending Med. Director	Stoff Phys.	11/14
23C. PHYSICIAN'S NAME (Type)	8	23D. ADDRESS	^ ^	0
HARlee	M.C	· Singer Hospite	A PLACTIA	love Maruland
24ALBURIAL CREMATION, 24B. DATE 2	AC. NAME of CEMETERY OF C	REMATORA TA U ZAD.IL	OCATION IN IL VEBY	, towar fire annual fig 1 (UStote)
12-2-66		IOHNS HO	DKING MEI	DICAL SCHOOL
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	THE CHILD	ADDRESS
BEC 5 1966 (P.	Di b & Sabert	4 O O MOR	TUARY SE	RVICE - BCHD
VS 150-REV 1/1/65				



FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



Maltiple CVH :> Cerebral Vasador Bs. Probable Ca of Esophages 30 Che 10-5-14 Queen Hairf 1 Dec 1924

N.E. CASE NO	DECEASED	-		12	DATE AND HOUR OF DEA	ATH
Type or Print)	Albert M. Cash	hour			Nov. 30, 1966	6:30 A.M.
. PLACE OF	DEATH IN BALTIMORE, MA				NCE (Where deceased fived.	If institution: residence before admis
FULL NAM HOSPITAL INSTITUTIO	OR address ar lacation		give street	A. STATE  Md.		rite RURAL and give lawnship)
					to.	25-41.
00	714 Dorchester	Rd.		D. STREET ADDRE	Dorchester Rd.	
5. SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months: Days Hours Mi
Male	White	Marrie	d '	Aug. 7, 19	909 57	
	CCUPATION (Give kind of work st of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Manager	Transi	t- Storage Co.	Frederick	Co. Md.	U. S. A.
3. FATHER'S				14. MOTHER'S MA		
Clare	nce W. Cashour			0 11	0 70.1	
	sed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	G. Eckenrode	ADDRESS
Yes, na ar unkr	(If yes, give wor or date	es of service)	SECURITY NO.		Balto. Md.	
No			212-10-4041		nerine L. Cashou	r 714 Dorchester Rd
18.	3 31		CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIE	RECTLY	0		-	
	LEADING TO DEATH		(A) 69	runen	alloges	6 Mets
	es not mean the mode of ure, osthenia, etc. It means		DUE TO			
				A		
	complication which coused	deom./	0 1		11	111 01
			(B) ad	eno Car	MOME Of Sig	exist 6 milter
	ANTECEDENT CAUSES		(B) AA	eno Car	mona of Seg	6 Mits
DISEASE		ony, giv <del>i</del> ng	DUE TO	eno Car	uiona of Sig	rained 6 mills
DISEASE to	ANTECEDENT CAUSES OR CONDITIONS, if	ony, giv <del>i</del> ng	562 10	eno Car	inora of Sig	exist 6 mills
DISEASE rise to UNDERL	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	ony, giv <del>i</del> ng	562 10	eno Car	inora of Sig	earl 6 mills
DISEASE rise to UNDERL	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) fING CONDITION last.	ony, giving stoting the	(c)	eno Car	isiona of Sig	and 6 mills
DISEASE rise to UN DERL'  O THER S TO THE	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) YING CONDITION last.  II IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	ony, giving stoting the CONTRIBUTION TO THE	(C)			
DISEASE rise to UN DERL'  O THER S TO THE	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) YING CONDITION last.  II IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING 1 OF OPERATION 1988. CON	ony, giving stoting the CONTRIBUTING ATED TO THE	(C)	20A. AUTOPSY?	(Yes or Na) 208, IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE: rise to UN DERL'  OTHER S TO THE DISEASE 19A. DATE 21A. ACC	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) YING CONDITION last.  II IGNIFICANT CONDITIONS CAUSING 1 OF OPERATION 198. CON WAS PERIOD 198. CON WAS PERIOD 198. CON WAS PERIOD 198. CON WAS PERIOD 198. CON	ony, giving stoting the CONTRIBUTING ATED TO THE IT. IDITION FOR WED COLUMN AND TO THE IT.	(C)	20A. AUTOPSY?	(Yes or No) 208, IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE TO THE DISEAS	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) fing CONDITION last.  IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING 1 OF OPERATION 198. CON WAS PERI THE CONDITION CAUSING 1 OF OPERATION 198. CON WAS PERI THE CONDITION CAUSING 1 THE CONDITION CAUSING 1 THE CONDITION CAUSING THE CONDITION CAUSE OF CAU	ony, giving stoting the CONTRIBUTING ATED TO THE IT. IDITION FOR WED COLUMN AND TO THE IT.	GE WHICH OPERATION  PLACE OF INJURY (e.g., form, factory, street, ce, form, factory, factory, street, ce, form, factory, factory, street, ce, form, factory,	20A. AUTOPSY?	(Yes or No) 208, IF YES, WI	ERE FINDINGS CONSIDERED
DISEASE: rise to UN DERL'  OTHER S TO THE DISEASE 19A. DATE 21A. ACCO OR CONJ DEATH In	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) YING CONDITION last.  IGNIFICANT CONDITIONS CAUSING 1 CONDITION CAUSING 1 COPERATION 198. CON WAS PERIOR 196. CON WAS PERIOR 19	ony, giving stoting the CONTRIBUTION ATED TO THE IT. HOTTON FOR YEAR COLUMN (1) 218, ham etc.)	OF INJURY (e.g., farm, factory, street, c	20 A. AUTOPSY?	(Yes or No) 208, IF YES, WI IN CERTIFYING  TRE DID (If in Bolt)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE: rise to UN DERL'  OTHER S TO THE DISEASE 19A. DATE 21A. ACCOMPANDE THE DISEASE 19A. DATE 21A. ACCOMPAND DEATH (n	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) fing CONDITION last.  IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING 1 OF OPERATION 198. CON WAS PSI RIBUTING CAUSE OF atify medical examine)	ony, giving stoting the CONTRIBUTING ATED TO THE IT.  IDITION FOR YEAR CONTRIBUTION FOR WELL CONTRIBUTION FOR	CC)  WHICH OPERATION  PLACE OF INJURY (e.g., ce, farm, factory, street, ce  INJURY OCCURRED	20 A. AUTOPSY?  In ar about 21 C. WHI Inflice bldg., INJURY (	(Yes or No) 208, IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE: 150 THE STORY OTHER STOTHER S	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) fING CONDITION last.  I GONIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING RIBUTING CAUSE OF atify medical examiner)  (Manth) (Day) (Year)	ony, giving stoting the CONTRIBUTING ATED TO THE IT.  IDITION FOR YEAR CONTRIBUTION FOR WE CONTRIBUTION FOR WE CONTRIBUTION FOR WE CONTRIBUTE TO THE ITEM OF THE I	WHICH OPERATION  PLACE OF INJURY (e.g., ce, form, factory, street, co	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C	(Yes or No) 208, IF YES, WI IN CERTIFYING  TRE DID (If in Bolt)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE: ise to UN DERL'  OTHER S TO THE DISEASE 19A. DATE 21A. ACCOM OF INJUR (APPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) (ING CONDITION last.  IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING 1 OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING RIBUTING CAUSE OF aify medical examiner)  (Manth) (Day) (Year)	ony, giving stoting the CONTRIBUTION ATED TO THE IT.  ATE	(C)	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C	(Yes or No) 208, IF YES, WI IN CERTIFYING ERE DID OCCUR?  V DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE: rise to UN DERL'  OTHER S TO THE DISEASE 19.4. DATE 21.4. ACCOMP DEATH (APPROX.)  22. I cer	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) fing CONDITION last.	ony, giving stoting the CONTRIBUTING ATED TO THE IT. IDITION FOR YEAR COLUMN (Haur) 21E. Why was a stote of the It. Why was a sto	(C)	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C	(Yes or No) 208, IF YES, WI IN CERTIFYING  TRE DID (If in Bolt) OCCUR?  V DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  imare City, give exact lacation)
DISEASE: ise to UN DERL'  OTHER S TO THE DISEASE 19A. DATE 21A. ACC OR CON1) DEATH (n OF INJUR (APPROX.)  22. I cer thot (I) (1)	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) fing CONDITION last.  GNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PER OBENT WAS UNDERLYING DENT WAS UNDERLYING AUSE OF AUSTRALIAN  (Manth) (Day) (Year)  Y  tify that (I) (this haspitol we) lost saw the decease	ony, giving stoting the CONTRIBUTION OF THE CONTRIBUTION FOR YEAR COLUMN (Hour) 21E. White World (Hour) 21E. White Column of the	CC)  WHICH OPERATION  LA CAL MUZZ  PLACE OF INJURY (e.g., form, factory, street, co	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg, INJURY C	Yes or No) 208, IF YES, WI IN CERTIFYING ERE DID (If in Bolt) OCCUR?  V DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  imare City, give exact lacation)
DISEASE: ise to UN DERL'  OTHER S TO THE DISEASE 19A. DATE 21A. ACC OR CON1) DEATH (n OF INJUR (APPROX.)  22. I cer thot (I) (1)	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) fing CONDITION last.	ony, giving stoting the CONTRIBUTION OF THE CONTRIBUTION FOR YEAR COLUMN (Hour) 21E. White World (Hour) 21E. White Column of the	CC)  WHICH OPERATION  LA CAL MUZZ  PLACE OF INJURY (e.g., form, factory, street, co	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg, INJURY C	Yes or No) 208, IF YES, WI IN CERTIFYING ERE DID (If in Bolt) OCCUR?  V DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  imare City, give exact lacation)  1966  opinion death occurred on the
DISEASE: ise to UN DERL'  OTHER S TO THE DISEASE 19.A. DATE  21A. ACCO OF INJUR (APPROX.)  22. I cer thot (I) (	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) fING CONDITION last.  IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING 1 OF OPERATION 198. CON WAS PERI- TRIBUTING CAUSE OF atify medical examine)  (Manth) (Day) (Year) Y  tify that (I) (this haspital we) lost saw the decease and from the couses state	ony, giving stoting the CONTRIBUTION OF THE CONTRIBUTION FOR YEAR COLUMN (Hour) 21E. White World (Hour) 21E. White Column of the	WHICH OPERATION  PLACE OF INJURY (e.g., ce, farm, factory, street, ce)  INJURY OCCURRED  At Wark  the deceased from  (We) (did) (did not)	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bldg, INJURY C.  21 F. HOV	(Yes or No) 208, IF YES, WI IN CERTIFYING  ERE DID OCCUR?  V DID INJURY OCCUR?  19  to and that in(my) (our)  er death.	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE: ise to UN DERL'  OTHER S TO THE DISEASE  19.A. DATE  21.A. ACCOUNTY DEATH (IN OF IN JUR (APPROX.)  22. I certhot (I) ( ond hour	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) fING CONDITION last.  IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING 1 OF OPERATION 198. CON WAS PERI- TRIBUTING CAUSE OF atify medical examine)  (Manth) (Day) (Year) Y  tify that (I) (this haspital we) lost saw the decease and from the couses state	ony, giving stoting the CONTRIBUTION OF THE CONTRIBUTION FOR YEAR COLUMN (Hour) 21E. White World (Hour) 21E. White Column of the	WHICH OPERATION  PLACE OF INJURY (e.g., re, farm, factory, street, complete to the street, complete to	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C.  21 F. HOV  Le	(Yes or No) 208. IF YES, WI IN CERTIFYING  ERE DID (If in Bolt) DCCUR?  V DID INJURY OCCUR?  19  to and that in(my) (our) or death.	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  imare City, give exact lacation)  1966  opinion death occurred on the
DISEASE: ise to UN DERL'  OTHER S TO THE DISEASE 19.A. DATE  21.A. ACCO OR CONJ DEATH In  21D. TIME OF INJUR (APPROX.)  22. I cer thot (I) ( ond hour 23A. SIGN	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) fing CONDITION last.  ICONDITION Last.  ICONDITION CAUSING I CONDITION CAUSING I OF OPERATION 198. CON WAS PERIOD (A) FORT WAS UNDERLYING TRIBUTING CAUSE OF atify medical examiner)  (Manth) (Day) (Year) Y  Tify that (I) (this haspitol we) lost saw the deceose ond from the couses storature	ony, giving stoting the CONTRIBUTION OF THE CONTRIBUTION FOR YEAR COLUMN (Hour) 21E. White World (Hour) 21E. White Column of the	WHICH OPERATION  PLACE OF INJURY (e.g., ce, form, factory, street, ce)  INJURY OCCURRED  INJURY OCCURRED  At Wark  he deceased from  (We) (did) (did not)	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C.  21 F. HOV  Le	(Yes or No) 208, IF YES, WI IN CERTIFYING  CRE DID (If in Bolt)  OCCUR?  V DID INJURY OCCUR?  19 6 to	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  imare City, give exact lacation)  1966  opinion death occurred on the
DISEASE: ise to UN DERL'  OTHER S TO THE DISEASE 19.A. DATE  21.A. ACCO OR CONJ DEATH In  21D. TIME OF INJUR (APPROX.)  22. I cer thot (I) ( ond hour 23A. SIGN	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) (ING CONDITION last.  IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION (AUSING 1) OF OPERATION (198, CON) OF O	ony, giving stoting the CONTRIBUTION OF THE CONTRIBUTION FOR YEAR COLUMN (Hour) 21E. White World (Hour) 21E. White Column of the	WHICH OPERATION  PLACE OF INJURY (e.g., re, farm, factory, street, complete to the street, complete to	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C.  21 F. HOV  le	(Yes or No) 208. IF YES, WI IN CERTIFYING  ERE DID (If in Bolt) DCCUR?  V DID INJURY OCCUR?  19  to and that in(my) (our) or death.	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  imare City, give exact lacation)  1966  opinion death occurred on the
DISEASE rise to UN DERL'  OTHER S TO THE DISEASE 19A. DATE 21A. ACC OR CONI) DEATH (n OF INJUR (APPROX.)  221. I cer that (I) ( ond hour 23A. SIGN  23C. PHYS NAM	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) YING CONDITION last.	ony, giving stoting the CONTRIBUTING ATED TO THIT.  CONTRIBUTION FOR YEAR TO THE TO TH	CO	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg, INJURY  21 F. HOV  Le	(Yes or No) 208. IF YES, WI IN CERTIFYING  ERE DID (If in Bolt) DCCUR?  V DID INJURY OCCUR?  19  to and that in(my) (our) or death.	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  imare City, give exact lacation)  1966  opinion death occurred on the
DISEASE rise to UN DERL'  OTHER S TO THE DISEASE 19A. DATE 21A. ACC OR CONT) DEATH (n OF INJUR (APPROX.)  221. I cer that (I) ( ond hour 23A. SIGN  23C. PHYS NAM	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) fING CONDITION last.	ony, giving stoting the CONTRIBUTION FOR YEAR PORTOR (Hour) 21E. White work (I	WHICH OPERATION  PLACE OF INJURY (e.g., re, farm, factory, street, or injury occurred with the deceased from	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C.  21 F. HOV  Le	Yes or No) 208, IF YES, WIN CERTIFYING  ERE DID (If in Bolt)  OCCUR?  V DID INJURY OCCUR?  19 6 to and that in(my) (our)  er death.  d. Stoff Phys  24D. LOCATION	ere findings considered causes of death?  image City, give exact lacation)  1966  opinion deoth occurred on the
DISEASE  TO THER S  TO THER S  TO THE DISEASE  19A. DATE  21A. ACC  OF CONT  DEATH (n  OF INJUR  (APPROX.)  221. I cer  that (I) (  and hour  23A. SIGN  23C. PHYS  NAM  DEATH  REMOV.  Burial	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) YING CONDITION last.	ony, giving stoting the CONTRIBUTION OF THE CONTRIBUTION FOR YEAR COLUMN (Hour) 21E. White Work (Hour) 21E. White Column ted obove. (I	WHICH OPERATION  PLACE OF INJURY (e.g., c., farm, factory, street, c.)  INJURY OCCURRED  Sile At Not Which At Work  The deceased from	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C.  21 F. HOV  Le	(Yes or No) 208, IF YES, WI IN CERTIFYING  CRE DID (If in Bolt)  OCCUR?  V DID INJURY OCCUR?  19 6 to and that in(my) (our)  or death.  24D. LOCATION  Balto. Md.	ere findings considered causes of death?  image City, give exact lacation)  1966  opinion deoth occurred on the
DISEASE  TO THER S  TO THER S  TO THE DISEASE  19A. DATE  21A. ACC  OF CONT  DEATH (n  OF INJUR  (APPROX.)  221. I cer  that (I) (  and hour  23A. SIGN  23C. PHYS  NAM  DEATH  REMOV.  Burial	ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) (ING CONDITION lost.  IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION (AUSING 1) OF OPERATION (198. CON) OF OPERATION (198. CON) OF OPERATION (198. CON) (Manth) (Day) (Year) Y  (Month) (Day) (Year) Y  CREMATION, (248. D'ATE AL (Specify)  CC'D BY HEALTH DEPT.	ony, giving stoting the CONTRIBUTION OF THE CONTRIBUTION FOR YEAR COLUMN (Hour) 21E. White Work (Hour) 21E. White Column ted obove. (I	WHICH OPERATION  PLACE OF INJURY (e.g., re, form, factory, street, complete to the street, complete to	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C.  21 F. HOV  19 C.  view the body ofter  ending Mers.  23 D. ADDRESS  BATORY  25 C. FUNERAL	(Yes or No) 208, IF YES, WI IN CERTIFYING  ERE DID (If in Bolt)  OCCUR?  19 6 to and that in(my) (our)  er death.  d. Stoff Phys  24D. LOCATION  Balto. Md.  DIRECTOR	ere FINDINGS CONSIDERED CAUSES OF DEATH?  imare City, give exact lacation)  1964  opinion deoth occurred on the  23B. DATE SIGNED  (City, town, or county) (Ste
DISEASE rise to UN DERL'  OTHER S TO THE DISEASE 19A. DATE 21A. ACC OR CON J DEATH (n 21D. TIME OF INJUR (APPROX.)  22. I cer that (I) ( ond hour 23A. SIGN  A. BURIAL REMOV.  Surial	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) fing CONDITION last.  IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PSI OR OPERATION (Day) (Year) Y  Tify that (I) (this haspital we) lost saw the decease and from the couses stor ATURE  CREMATION, 24B. D'ATE AL (Specify)  DEC 5 1966	ony, giving stoting the CONTRIBUTION OF THE CONTRIBUTION FOR YEAR COLUMN (Hour) 21E. White Work (Hour) 21E. White Column ted obove. (I	WHICH OPERATION  PLACE OF INJURY (e.g., re, form, factory, street, complete to the street, complete to	20 A. AUTOPSY?  In ar about 21 C. WHI  Iffice bidg., INJURY C.  21 F. HOV  19 C.  view the body ofter  ending Mers.  23 D. ADDRESS  BATORY  25 C. FUNERAL	(Yes or No) 208, IF YES, WI IN CERTIFYING  ERE DID (If in Bolt)  OCCUR?  19 6 to and that in(my) (our)  er death.  d. Stoff Phys  24D. LOCATION  Balto. Md.  DIRECTOR	ere FINDINGS CONSIDERED CAUSES OF DEATH?  imare City, give exact lacation)  1964  opinion deoth occurred on the  238, DATE SIGNED  (City, town, or county)  (Sto

akene armene of by sing to meet

opis 1944 Ocuminago spinist orce

28/11 93 Minds 28/11

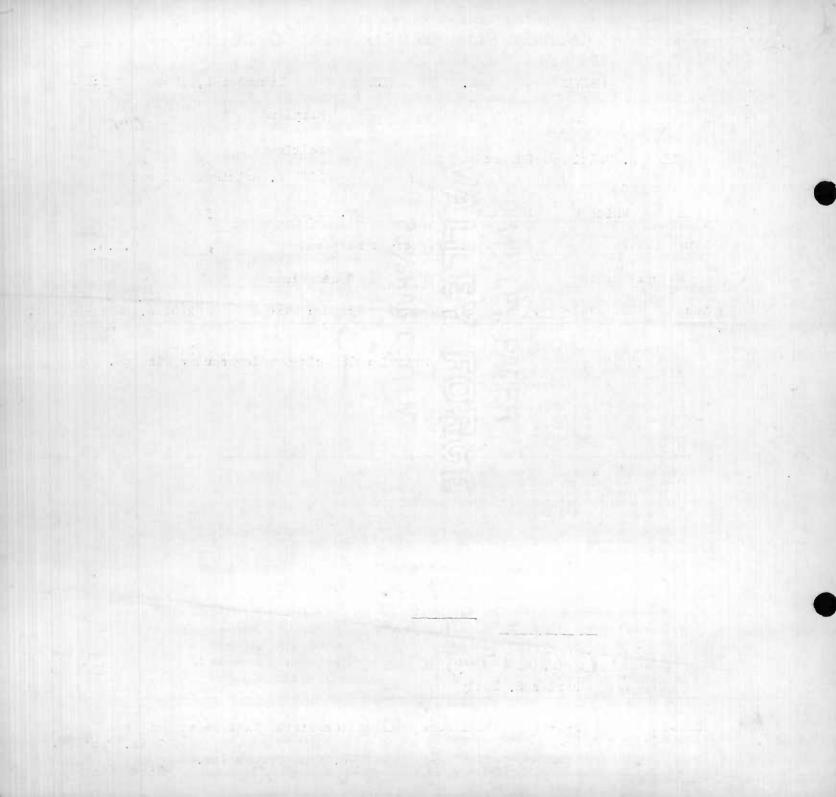
Ramied Palegois X Markers & 171/11.

DIRECTOR:

FUNERAL

Suff uplant of another

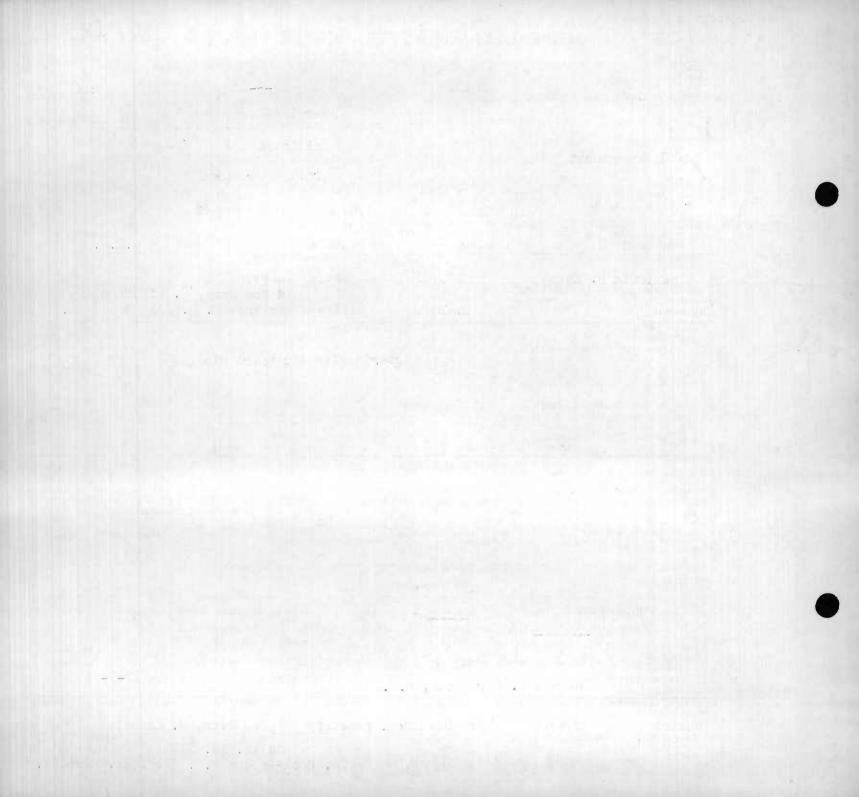
1.	NAME OF DE		17731	- 11	r tir	CNOW		HOUR PRONOUNCE		5 10 A	
3.	PLACE IN BAL	MEL		ERE PRONOL		SNOM  4. USUAL RESIL		ber 2, 1966  eccosed lived. If instigations in the country in the	itution: resid		M. mission)
ll H	JLL NAME OF	(IF NOT IF	N HOSPITAL OR LOCATI	OR INSTITU	JTION, GIVE STREET	Ma	ryland	corporate limits, write		nd give townshi	p)
IN	2102	E. Balt	imore	Street			ltimore RESS (If rurol, g	6-0	3		
(	00							ltimore Str	reet		
	sex Male	6. RACE White	V		NEVER MARRIED DIVORCED(specify) d	Nov. 29,		9. AGE (In years lost birthdoy)	If Under Months	Doys Hours	24 Hrs. Min.
do	A. USUAL OCC ne during most of Truck Dr	working life, even	if retired)		Motor Freigh			country)		EN OF COUNTRY?	
13.	FATHER'S NAM			1-1		14. MOTHER'S N	AAIDEN NAME				
15	WAS DECEASE	r WisNom	S. ARMED F	ORCES?	16. SOCIAL	Loura 17. INFORMANT			ADDRESS		
	es, no or unknown Yes	WW2 194			SECURITY NO. 217-07-4697	Frances	Wignom	2102	e. Ba	ltimore	St.
	18. 2/	0.1			CAUSI	OF DEATH				INTERVAL BET	
	(This does	LEADING TO not meon the , osthenio, etc. mplication which	mode of o	dying, e.g.,	(A) Arteri	oscleroti	c Cardio	vascular Di	iseas <b>e</b>	}	• • • • • • • • • •
NOIF	(This does heart failure injury or co	LEADING TO not meon the , osthenio, etc. mplicotion which  ANTECEDENT OR CONDITIC E ABOVE CAL NG CONDITIC	O DEATH mode of colline of the coused de CAUSES ONS, IF AN' USE (A) STA DN LAST.	dying, e.g., he disease, oth.) Y, GIVING TING THE	(B)(C)	oscleroti	c Cardio	vascular Di	isease		
TEICA	(This does heart failure injury or co	LEADING TO not meon the , osthenio, etc. mplicotion which  ANTECEIDENT OR CONDITIO E ABOVE CAL NG CONDITIO  II NIFICANT CON DEATH BUT R CONDITION	O DEATH mode of c it means th coused de  CAUSES ONS, IF AN USE (A) STA ON LAST.  NOT RELA CAUSING I	dying, e.g., he disease, oth.)  Y, GIVING TING THE  ONTRIBUTING TO TI	(8)(C)						
TEICA	(This does heart failure injury or co	LEADING TO not meon the , osthenio, etc. mplicotion which  ANTECEDENT OR CONDITIO E ABOVE CAL NG CONDITIO  II NIFICANT CON DEATH BUT R CONDITION  OPERATION	O DEATH mode of it means the coused de CAUSES ONS, IF AN USE (A) STA ON LAST.  NOT RELA CAUSING I 19B, CONDI WAS PERFO	dying, e.g., he disease, oth.)  Y, GIVING TING THE  ONTRIBUTIN T.  THON FOR V	(B)		t? (Yes or No) [2(	vascular Di	NDINGS C	ON SIDERED	
EDICAL CERTIFICA	OTHER SIG TO THE DISEASE OF TO THE DISEASE OF THE D	LEADING TO not meon the , osthenio, etc. mplicotion which  ANTECEIDENT OR CONDITIO E ABOVE CAL NG CONDITIO  II NIFICANT CON DEATH BUT R CONDITION	O DEATH mode of it means the coused de CAUSES ONS, IF AN' JSE (A) STA ON LAST.  NOT RELA CAUSING I 198, CONDI WAS PERFO	dying, e.g., he disease, oth.)  Y, GIVING THE  ONTRIBUTIN T.  THON FOR V  RMED	(8)(C)	20A. AUTOPS: No	Y? (Yes or No) 20	DR. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS C	ON SIDERED ATH?	
A1 CERTIFICA	OTHER SIG TO THE DISEASE OF TO THE DISEASE OF THE D	LEADING TO not meon the costhenio, etc. mplicotion which  ANTECEDENT OR CONDITIO E ABOVE CAL NG CONDITIO  II NIFICANT CON DEATH BUT R CONDITION  OPERATION  L CAUSE WAS	O DEATH mode of it it means the coused de CAUSES ONS, IF AN USE (A) STA ON LAST.  NOT RELA CAUSING I 198, COND WAS PERFO	y, GIVING THE  ONTRIBUTING THE	NG HE  PLACE OF INJURY (e.g., form, foctory, street, total t	20A. AUTOPS NO in or obout 21C. office bldg., NJUR	Y? (Yes or No) 20	DB. IF YES, WERE FIN N CERTIFYING CAUS in Boltimore City, giv	NDINGS C	ON SIDERED ATH?	
EDICAL CERTIFICA	OTHER SIG TO THE DISEASE ON THE DISE	LEADING TO not meon the nosthenio, etc. mplicotion which  ANTECEDENT OR CONDITIO E ABOVE CAL NG CONDITIO III NIFICANT CON DEATH BUT R CONDITION OPERATION  L CAUSE WAS OF CONTRIB- SE OF DEATH.	O DEATH mode of it if means the coused de  CAUSES ONS, IF AN USE (A) STA ON LAST.  NOT RELA CAUSING I 198, CONDI WAS PERFO  S Oy) (Yeor)	dying, e.g., he disease, oth.)  Y, GIVING THE  ONTRIBUTING THE  ONTRIBUTING THE  ONTRIBUTING THE  ONTRIBUTING THE  (Hour)  (Hour)  218.   home, etc.,	NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, while at NOT WORK	20 A. AUTOPS' No in or obout 21 C. office bidg., NJUR 21 F. H	Y? (Yes or No) 21 IN WHERE DID (IF Y OCCUR?	DB. IF YES, WERE FIN N CERTIFYING CAUS in Boltimore City, giv	NDINGS C SES OF DE	ON SIDERED ATH?	
EDICAL CERTIFICA	OTHER SIG TO THE DISEASE O THE DISEASE O THE DISEASE O THE DISEASE O TO TH	LEADING TO not meon the osthenio, etc. mplicotion which  ANTECEDENT OR CONDITIO E ABOVE CAL NG CONDITIO III NIFICANT CON DEATH BUT R CONDITION OPERATION  L CAUSE WAS SE OF DEATH.  (Month) (Do	O DEATH mode of it means the coused de CAUSES ONS, IF AN JSE (A) STA ON LAST.  NOT RELA CAUSING I 19B, CONDI WAS PERFO  S Oy) (Year)	dying, e.g., he disease, oth.)  Y, GIVING TING THE  ONTRIBUTIN T. TO TI T.  ITION FOR VORMED  (Hour) 2  (Hour) 2  (uiry	NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, while at NOT WORK	20A. AUTOPS' No in or obout 21C. 'office bldg., INJUR 21F. H WHILE	T? (Yes or No) 2() N WHERE DID (IF Y OCCUR?  OW DID INJUR	DB. IF YES, WERE FIN CERTIFYING CAUS in Bollimore City, gi-	NDINGS C SES OF DE ve exoct lo	ON SIDERED ATH?	
FDICAL CERTIFICA	OTHER SIG TO THE DISEASE O THE DISEASE O THE DISEASE O THE DISEASE O TO TH	LEADING TO not meon the complication which which will be a series of the complication which will be a series of the complication of the complicati	O DEATH mode of it means the coused de CAUSES ONS, IF AN JSE (A) STA ON LAST.  NOT RELA CAUSING I 19B, CONDI WAS PERFO  S Oy) (Year)	dying, e.g., he disease, oth.)  Y, GIVING TING THE  ONTRIBUTIN T. TO TI T.  ITION FOR VORMED  (Hour) 2  (Hour) 2  (uiry	DUE TO  (B)	20A. AUTOPS' NO in or obout 21C. office bldg., INJUR 21F. H WHILE /ORK topsy on	WHERE DID (IF Y OCCUR?  OW DID INJUR  Ind that on this ide Un	DR. IF YES, WERE FIN CERTIFYING CAUSE IN Boltimore City, given booking to be a sister of the control of the con	NDINGS C SES OF DE ve exoct lo	ON SIDERED ATH? Decofion)	
FDICAL CERTIFICA	OTHER SIG TO THE DISEASE ON THE DISE	LEADING TO TO THE PROPERTY OF CONDITION OF CONTRIBUTE	O DEATH mode of city of the coused de CAUSES ONS, IF AN' USE (A) STA ON LAST.  NOT RELA CAUSING I 198, CONDI WAS PERFO  Oy) (Yeor)  Id on Inquiting coused to the coused t	dying, e.g., he disease, oth.)  Y, GIVING TING THE  ONTRIBUTIN T. TO TI T.  ITION FOR VORMED  (Hour) 2  (Hour) 2  (uiry	DUE TO  (B)  DUE TO  (C)  NG  HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, very large of the street of the	20A. AUTOPS: No in or obout 21C. office bldg., NJUR 21F. H WHILE topsy on le Homic CHIEF N ASSISTANT N	WHERE DID (IF Y OCCUR?  OW DID INJUR  Ind that on this ide Un	DR. IF YES, WERE FIN CERTIFYING CAUS in Boltimore City, given the second	NDINGS C SES OF DE ve exoct lo	ON SIDERED ATH? Decotion)	
A CIGHA	OTHER SIG TO THE DISEASE OF 19A, DATE OF UNDERLYING UNING CAU  21 D. TIME OF INJURY (APPROX.)  22.   Cerresul	LEADING TO TO THE PROPERTY OF CONDITION OF C	O DEATH mode of city of the coused de CAUSES ONS, IF AN' USE (A) STA ON LAST.  NOT RELA CAUSING I 198, CONDI WAS PERFO  Oy) (Yeor)  Id on Inquiting coused to the coused t	y, GIVING TING THE  ONTRIBUTING THE  ONT	DUE TO  (B)  DUE TO  (C)  NG  HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, very large of the street of the	20A. AUTOPS NO in or obout 21C. office bldg., INJUR 21F. H WHILE YORK Topsy On CHIEF N ASSISTANT N ASSOCIATE N	Y? (Yes or No) 20 IN	DB. IF YES, WERE FIN CERTIFYING CAUSE IN Boltimore City, given basis, deoth in modetermined manner.  MINER	NDINGS C SES OF DE ve exoct lo	ONSIDERED ATH?  Cotion)  DATE SIGN 12/2/66	



	00	4000000	
red	,66	12089	

BIRT	H NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICAT	E OF D	EATH Register	red No.66	12089
M.I	CASE NO.								
1. I (Ty)	De or Print					2. DATE AND	HOUR PRONOUNCE	D DEAD	
2 6	LACE IN DALT	JESSE		EATON		12-3-6	56		8:00 A M
3. P	LACE IN BALI	IMORE, MARYLAND, WI	HERE PRONOU	INCED DEAD	A, STATE Mary	yland	ceosed lived. If insti B. COU	tution: residence	e before odmission
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN	N (If outside o	corporate limits, write	RURAL ond g	ive township)
	2601 0	reenmount				timore	9-	04	
	00	1 Germionir c			D. STREET ADDRE	ol Green			
5. S	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Y Months   Doy	r. If Under 24 Hrs
	M	W	Unkn	· · ·	1/6/04		62	I VIONIII'S   Doy	1 110013 141116
				BUSINESS OR INDUSTRY		tote or foreign	country)	12. CITIZEN C	OF .
done	Unkno	vorking life, even if retired)	Unk	nown	Flordia			U.S.A	
13.1	ATHER'S NAM	E			14. MOTHER'S MA	DEN NAME		0.00.	
	Benia	amin H. Eaton			Katie	Jameso	n		
15.	WAS DECEASED	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		Bern, N. (	and in a	
	nknown	(If yes, give wor or dote:	s of service	Unknown	Willis &			226 Broa	
	1B, 1-1	A P3		CALLSE	OF DEATH				ERVAL BETWEEN
	4	9191		CAOSE	OI DEATH				SET AND DEATH
	DISEAS	E OR CONDITION DIF LEADING TO DEATH	RECTLY	Arte	riosclerot	ic hear	t disease		
	(This does n	ot mean the mode of osthenio, etc. It means	dying, e.g.,	DUE TO	1200010101	TO Hear	o draease		
	injury or con	nplication which coused a	leoth.l						
	А	NTECEDENT CAUSES							
		OR CONDITIONS, IF A		DUE TO					~~~~
		IG CONDITION LAST.	AING THE						
O				(Cl					
F	OTHER SIGN	II DIFICANT CONDITIONS	CONTRIBUTION	ıc					
은	TO THE	DEATH BUT NOT REL	ATED TO TI						
CERTIFICATION	19A. DATE OF	OPERATION 1198, CON		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20	B. IF YES, WERE FIN	DINGS CONS	IDERED
Ö	0	WAS PERF	ORMED		No		CERTIFYING CAUS		
×	21 A. EXTERNAL		21 B, I	PLACE OF INJURY (e.g., i	n or obout 21 C. Wh	HERE DID (If	in Boltimore City, giv	ve exoct locotic	on)
MEDICAL	UNDERLYING TO CAUS	SE OF DEATH,	home,	, form, foctory, street, o	ffice bldg., INJURY	OCCUR?			
Σ	21D TIME	(Month) (Doy) (Yeor)	(Hour) 2	E INJURY OCCURRED	21 F. HOV	W DID INJURY	OCCUR?		
	OF INJURY (APPROX.)		W	HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	VHILE				
	22,	ify that I held on Ir	auiry 🗌	Inspection X Aut	opsy ond	that on this	basis, death in m	v onlaion	
		red from: Natural cau	170	ccident Suicide			determined monne		
	162011	O a	A A	Coldent Suicide	_			· 🗀	
	ACTUAL	- / 1/1. 00		1 -		DICAL EXA		D	ATE SIGNED
	SIGNATI		, 0. 6	M.D.				30.0	,,
	EXAMIN NAME (1		s S. Sp	ringate, M.D.	ASSOCIATE ME	DICAL EXA	MINER	12-3-	00
	BURIAL CREA	MATION, 23B. DATE	-	C. NAME OF CEMETERY OF	CREMATORY	23 D. LOC	ATION (City,	town, or count	y) (Stote)
KEN	NOVAL (Specify Burial	12/6/6	6	New Dern Mem.	Comotor	Norr	Born N	Carolina	
244		BY HEALTH DEPT.		OF REGISTRAR	24C, FUNERAL	DIRECTOR	Bern, N.	ADDI	
				4 90 0			. Md. 2120:		
	1	TEC 5 1966	Block	LE Administra	Wm; Co	ok-Broo	ks F.H. 1	217 St.	Paul St.

VS 151-REV, 1/1/65



VS 150-REV. 1/1/65

actinischenti Colonicio W. Falimean 



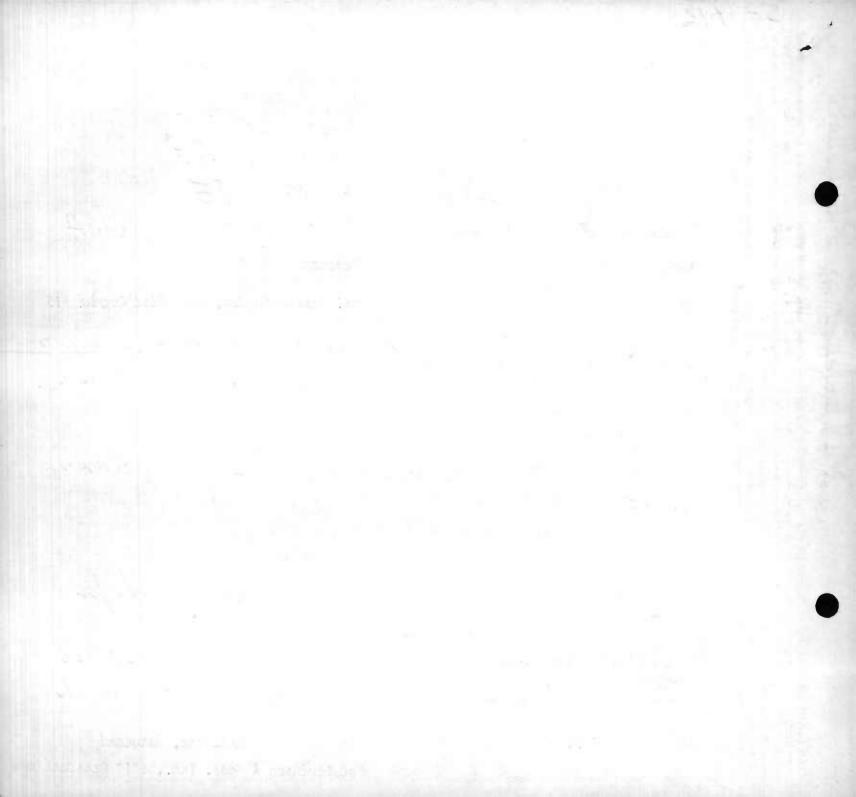
7)	66 1209	2	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 12092
BIRTH NO.	00 1200	<u> </u>	CERTIFICA	ATE OF DEATH	Registered Na.	00 12032
1. NAME OF DE	CEASED BAN	W	LLIAM	2. DATE A	ND HOUR OF DEATH	- 110 7:30 A
-	EATH IN BALTIMORE, MA		mm/111M	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	2/66 /: 30 M N stitution: residence before odmission)
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospitol doddress or locotio		give street	BALT, MO		RURAL and give township)
4 × S	inai Hospital			3817 - 6	-/ - 1 A	VE
5. SEX	6. RACE White	Mann	NEVER MARRIED  D, DIVORCED (specify)	B. DATE OF BIRTH 9/15/97	9. AGE (In years 19 lost bi) hidoy) 69	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	of working tife, even if retired)		p Bags	11. BIRTHPLACE (Stole or for	LATVIA	12. CITIZEN OF WHAT COUNTRY?
	n Arye Looban			Rachael	?	
	od Ever in U. S. Armed For vn) (If yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
Yes	W.W. 1 An		SECURITY NO.	Mas Blanche	Looban 381	7 Glen Avenue
18. 7 5	3/2/	ung		OF DEATH	Loodat, 507	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY		*		ONSET AND DEATH
(This does	not meen the mode of	dvina ea	(A) DUE TO	CVA	·····	3 days
heort failure	, asthenio, etc. II meons	the disease,			4	
injury or co	omplication which caused ANTECEDENT CAUSES		(B)	HYPERTENS	IDN	? years
DISEASES	OR CONDITIONS, if		DUE TO	ф ( <b>, и в 1, 1, 1</b> , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<b>**</b> **********************************	
rise to I	he above cause (A)		(C)		441	
UNDERLYIN	IG CONDITION lost.					
OTHER SIGN	II  NIFICANT CONDITIONS CONDEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPER	ATED TO TH				
		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
_ OR CONTRI	ENT WAS UNDERLYING DEPARTMENT CAUSE OF Medical examiner	21B hom etc.	e, form, foctory, street,	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltimore	e City, give exoct locotion)
21 D. TIME OF INJURY	(Month) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		, Wh	ile At Not Wh			
22. I certif	y that (1) (this haspital	) attended t	he deceased fram	11/3 8	1966 to 1	42 1966
that (I) (we	) last saw the decease	d alive an	122	19 6 6 and t		nian death accurred an the dat
and haur a	nd from the causes sta	ted abave. (I	) (We) (did) (did nat)	view the bady after death.		
234 SIGNAT	URE					23B. DATE SIGNED
To	When to	do	M.D. At	tending Med. Director	Staff Phy s.	12-2-66
23C. PHYSICI NAME	IAN'S (Type)			23D. ADDRESS	7. 2	
	Stephen Go	rdon	M.D.	: ANE	HOSP.	
24A. BURIAL CR REMOVAL	EMATION, 248, DATE		AME of CEMETERY of CI	REMATORY 24D.	LOCATION (C	ty, town, or county) (State)
Buria		she she	arith Tarnel		Baltimore	Marland
	D BY HEALTH DEPT.	25B. NAME (	parith Israel  FREGISTRAR	25C. FUNERAL DIRECTO	Roma	ADDRESS
	DEL 9 1966	Of List	r E , Saubina	Sol Levinson	& Bros. Inc.	, 6010 Reisterston
VS 150-REV. 1/1	/65					

6.9 Automorphisms

Alman India

Tell de Constant Charles (1987)

411	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 12093
BIRTH NO. 66 12093	CERTIFICA	TE OF DEATH R	egistered Na	00 12000
M.E. CASE NO.	,	2. DATE AND HO	UR OF DEATH	205
Type or Print ANNA SILVERM	AN	12/	1166	1300
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where dec	eosed lived. Il institu	tion: residence befare admissio
FULL NAME OF (If not in hospital or institution	n. give street	MARYCAND		
HOSPITAL OR oddress or locotion)		C. CITY OR TOWN (If outside	city limits, write RUR	AL ond give township)
SINA HOSP, OF BA	IT. INC.	BACTIMORE	2	7-18
SINA HOSP, OF ICH	01, 12,00	1121	give location)	
42.		946 6157	., 00	·
	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTY 9. AG		Under 1 Yr. If Under 24 H onths Days Hours Min.
CAPO	Widow	12/1/00	85	
0A, USUAL OCCUPATION (Give kind of work 10B, KIND fone during most of working life, even if retired)	OF BUSINESS OR INDUSTR			2. CITIZEN OF WHAT. COUNTRY
HOUSEWIFE A	t Home	LITHUANI	7	UJH
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Adolph Sachs		Rebecca ?		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war ar dates af servic	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	Unknown	Mrs. Bessie Snyde	r. 5426 Gi	st Avenue #15
18. 4 7 6 1		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	no a Annu	742	ONSET AND DEATH
LEADING TO DEATH	(A) CF	RDIAC ARPHY	mmin	20 MINOTES
(This daes not mean the mode of dying, e heart failure, asthenia, etc. It means the disea	·9.,			
injury ar camplication which caused death.)	Mu	OCARDIAL INFI	ARCTION.	5 days
ANTECEDENT CAUSES	DUE TO		,======================================	
DISEASES OR CONDITIONS, if any, giv				
UNDERLYING CONDITION last.	(0/			9 <b>4 -</b> 00 0 7 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0
4	2			i- 1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE PULLMAN	ARY ESEMA	1_	5 days
DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION		. IF YES, WERE FIND	DINGS CONSIDERED
198. CONDITION 198. CONDITION FO		N/2 IN	CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS LINDERLYING .	218. PLACE OF INJURY (e.g.,		(II in Baltimore Ci	ty, give exact location)
DEATH (notify medical examines)	home, form, foctory, street, ( etc.)	Direce bidg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJURY (	O CCUR?	
OF INJURY (APPROX.)	While At Not Wh	le 🖳		/ /
	Work At Work	1/2-1	6	2/1/6/
22. I certify that (this haspital) attende	1711	196	P to	19
that (1) ( last saw the deceased alive a		19 6 and that in	(my) (All) apiniar	n'death (occurred an the d
and haur and fram the causes stated abave	(1) (N) (did) (d/d/664)	view the bady after death.		
23A. SIGNATURE STATE TO 23A	44.5	tending Med. Stoff	231	B. DATE SIGNED
y. was the gar	M.D. At	ys. Director Phys.		1-/1/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	7 B. Of.	a sac de
V. DKELL LAZA	M.D.	Alvar Hosp. of	) rues a	work, one.
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	NAME of CEMETERY OF CE	EMATORY 24D. LOCAT	ION (City, t	town, or county) (State)
	ath Hamadrash L	landal Rai	ltimore, Ma	muland
	eth Hamedrosh t		•	WDDKE22
DEC 5 1966 (R.C.)	BE Jake MA	Sollevinson & B	ros. Inc	6010 Reistersto
/S 150-REV. 1/1/65				



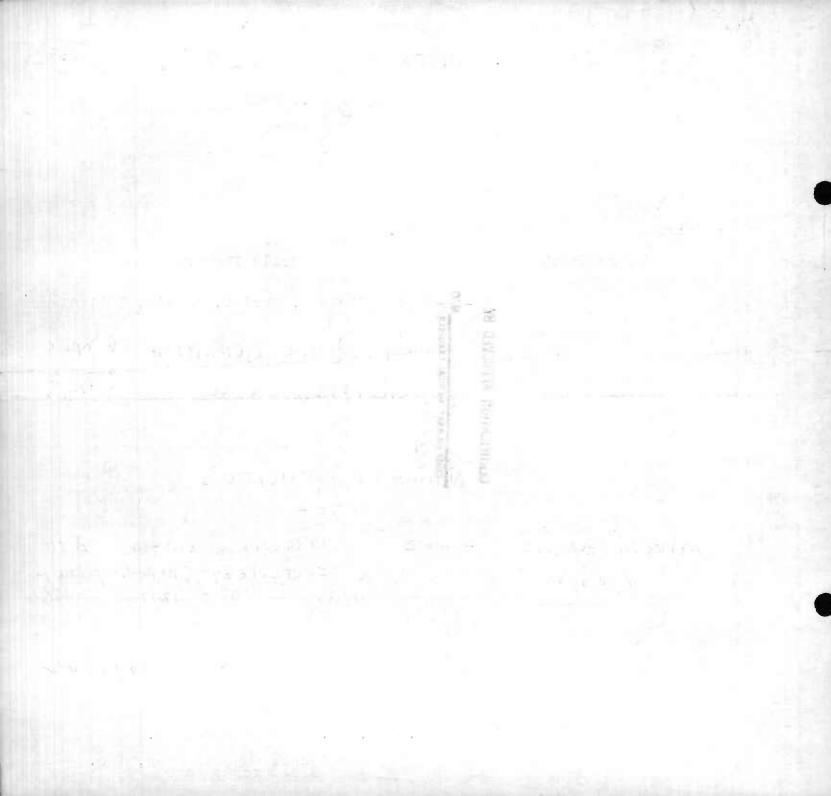
IMPORTANT

DIRECTOR:

FUNERAL

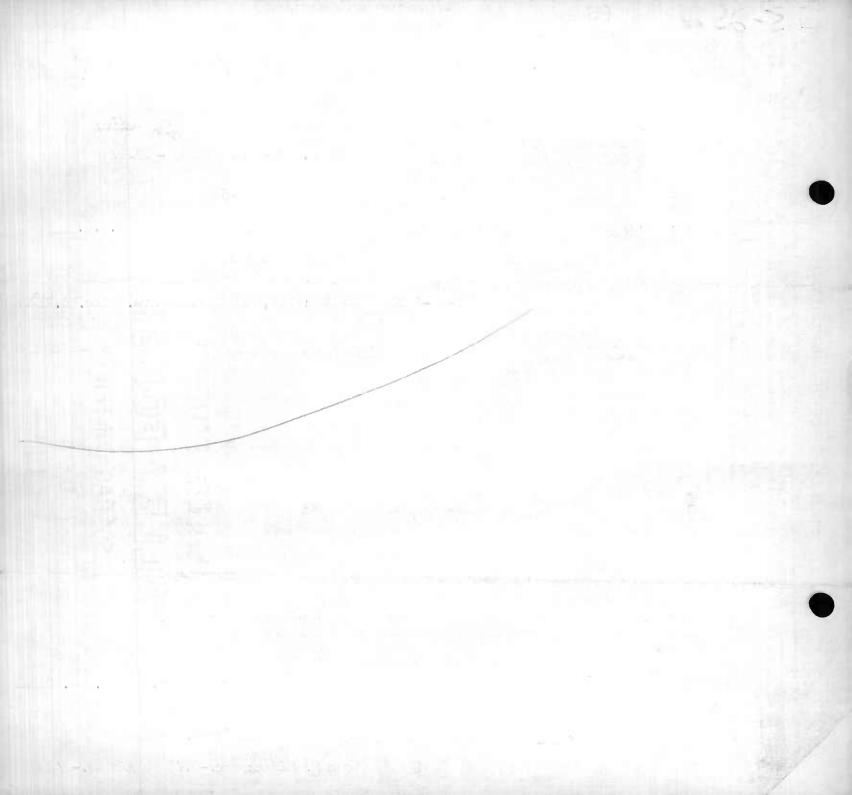
VS 150-REV. 1/1/65





47-N IW

	66 120	97 BALTIMORE CIT	Y HEALTH DEPARTMEN		00 40 00		
ME CASE NO.	sunt.		TE OF DEAT	H Registered No.	. 66 1209/		
1. NAME OF D	ECEASED	100	2. DA1	TE AND HOUR OF DEATH	1 .2 -		
	Suchane	K, Walter	11	130/66	1:33 P. N		
3. PLACE OF D	DEATH IN BALTIMORE, MA	RYLAND	A. STATE B. C	(Where deceased lived. If	institution: residence before admission		
FULL NAME		or institution, give street	MARYLAND				
INSTITUTION			BALT IMORE	(If outside city limits, write	RURAL and give township)		
-	4940 EASTERN		D. STREET ADDRESS	(If rural, give tocation)	16-74		
31	BALTIMORE, MA		109 N. HI	GHLAND AVENUE	- 21224		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
MALE	WHITE	DIVORCED	6/30/10	56	Total Total		
IOA. USUAL OC	CUPATION (Give kind of wor of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Ship A		Bethlehem Steel	MARYI	LAND	U.S.A.		
3. FATHER'S N	AME		14. MOTHER'S MAIDEN				
	EDWARD SU	CHANEK	MARGARET	DOYLE			
5. Wos Deceas	ed Ever in U. S. Armed For wn) (If yes, give war ar date	rces? 16. SOCIAL	17. INFORMANT		ADDRESS		
NO		213-07-1522	RECORDS: BCH	H.4940 Eastern	Ave.Balto.Md.21224		
1B. / L	OXI	CAUSE	DF DEATH		INTERVAL BETWEEN		
DISE	ASE OF CONDITION DI	RECTLY			ONSET AND DEATH		
(This door	LEADING TO DEATH	(A) (avaiae corres)					
heart failur	not mean the mode of e, asthenia, etc. It means	the disease,					
injury or c	omplication which caused	(P)					
DISEASES	ANTECEDENT CAUSES	DUE TO					
	OR CONDITIONS, if the obove cause (A)						
UNDERLYII	NG CONDITION Iosi.						
Z OTHER SIG	NIFICANT CONDITIONS (	CONTRIBUTING	4				
E TO THE	DEATH BUT NOT RELATED TO THE PROPERTY OF THE P	ATED TO THE	ah osa	phanus			
U 19A. DATE	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No! 20BO F YES WERE	FINDINGS CONSIDERED		
3 //		a of esophagus	yes		AUSES OF DEATH?		
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, farm, factory, street,	in or about MC. WHERE D	fD (If in Baltimo	ore City, give exact location)		
U	ify medical examiner)	etc.)					
OF INJURY	(Month) (Day) (Year)		While At Not While At Work At Work				
(APPROX.)		Wark Not Whi					
22. I certi	fy that (+) (this hospita	l) ottended the deceased from	10/25/	19 66 to 11	130 1966		
that (f) (w	e) lost saw the decease	ed alive on 11/30	19 6 G or	nd that in (my) (our) op	inion death occurred an the dot		
ond hour o	and from the causes sta	ted above. (+) (We) (did) (did nat)					
23A. SIGNA	TURE				23B. DATE SIGNED		
Ca	Il Write	M.D. At	rending Med. Director	Staff Phys.	11/30/66		
23C. PHYSIC NAME	CIAN'S (Type)		23D. ADDRESS 4940	Eastern Avenu	e, Balto. Md. 21224		
Ca	rl Winters	tein M.D.	Balto.	City Hos	10.		
AA. BURIAL CI	REMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24		City, town, or county) (State)		
Buria		-66 Loudon Panh Co	omotonu	Baltimore, Ma	ryland		
2SA. DATE REC	D. BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS		
	DEC 5 1966	P.D. B. E. Fallens	John C. Mil	ler Inc0415	Belair Rs21206		
V\$ 150-REV. 1/							



hospital

0

occurred

death

IMPORTANT

FUNERAL DIRECTOR:

chief medical

be approved

BALTIMORE CITY HEALTH DEPARTMENT

4:50 A. M.

If Under 24 Hrs.

Hours

WHAT COUNTRY?

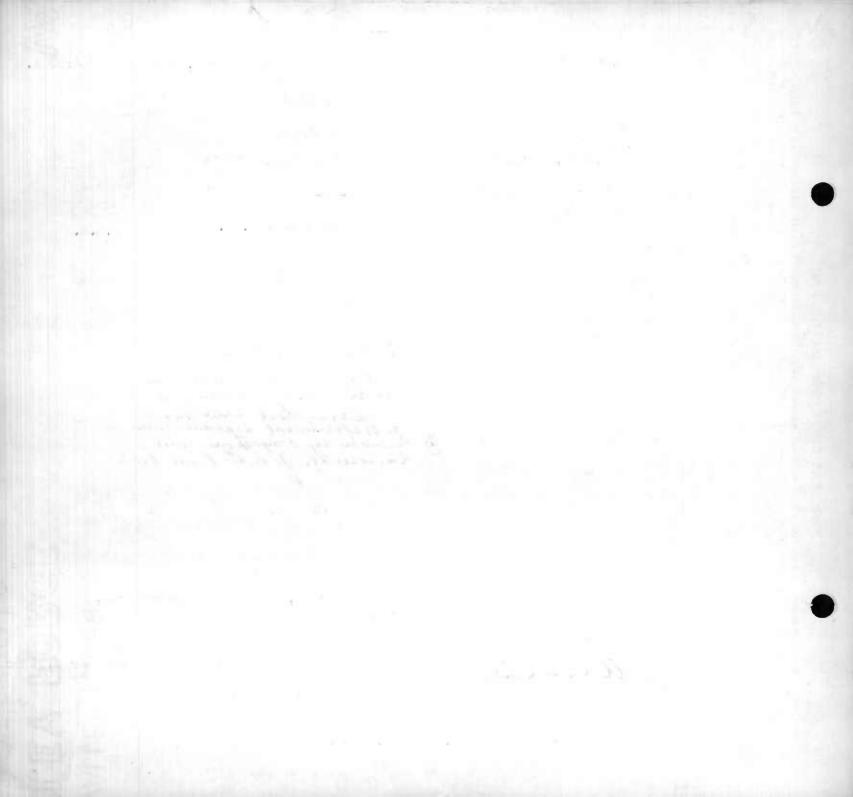
U.S.A.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

December 2, 1966

ADDRESS



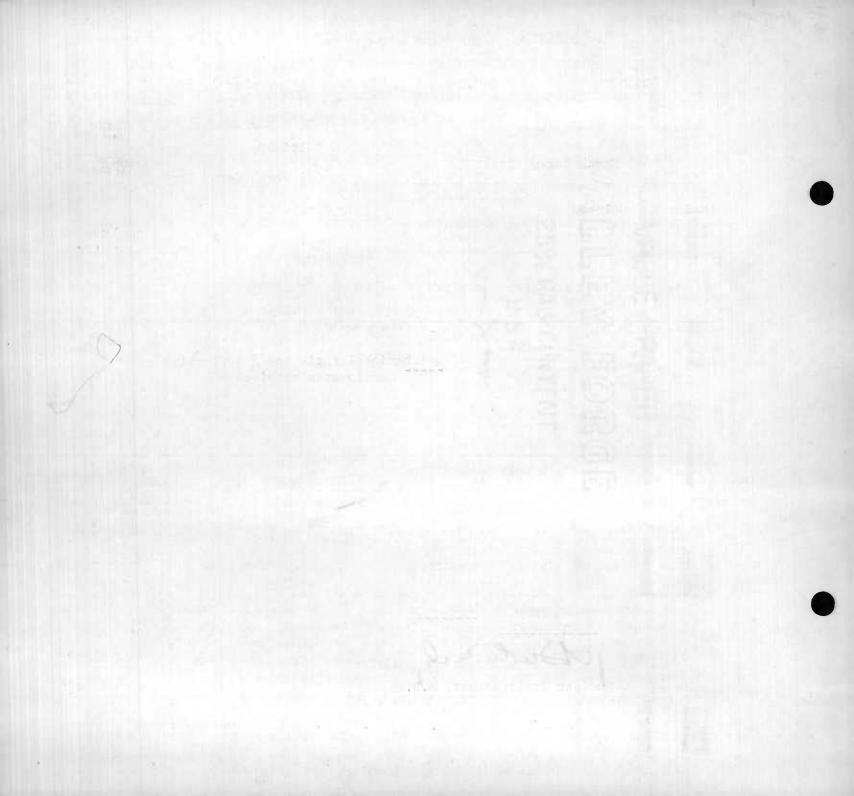
IMPORTANT

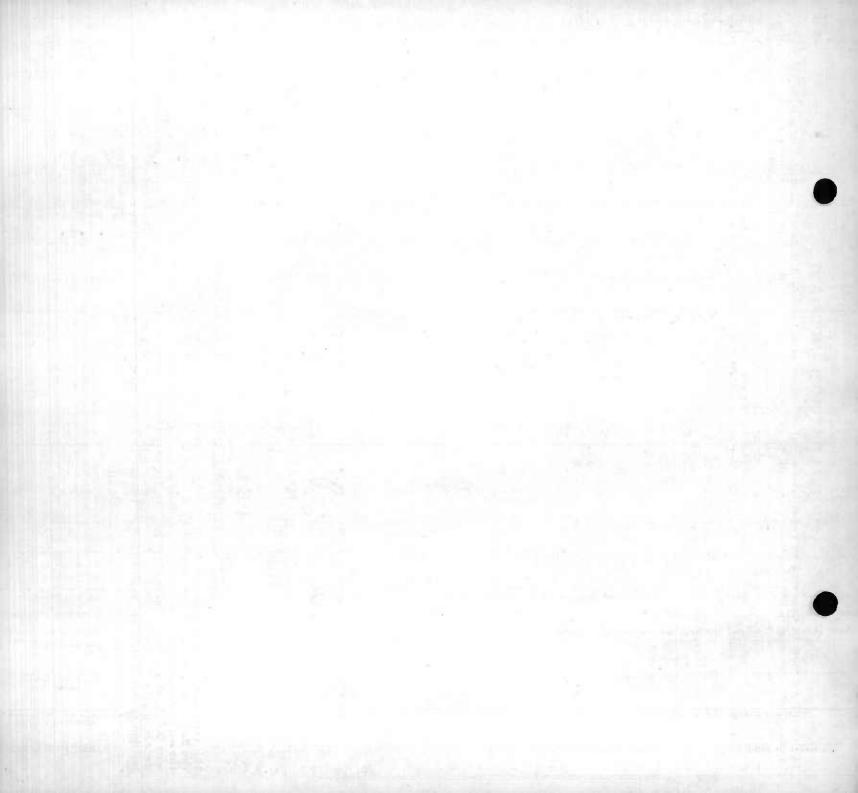
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

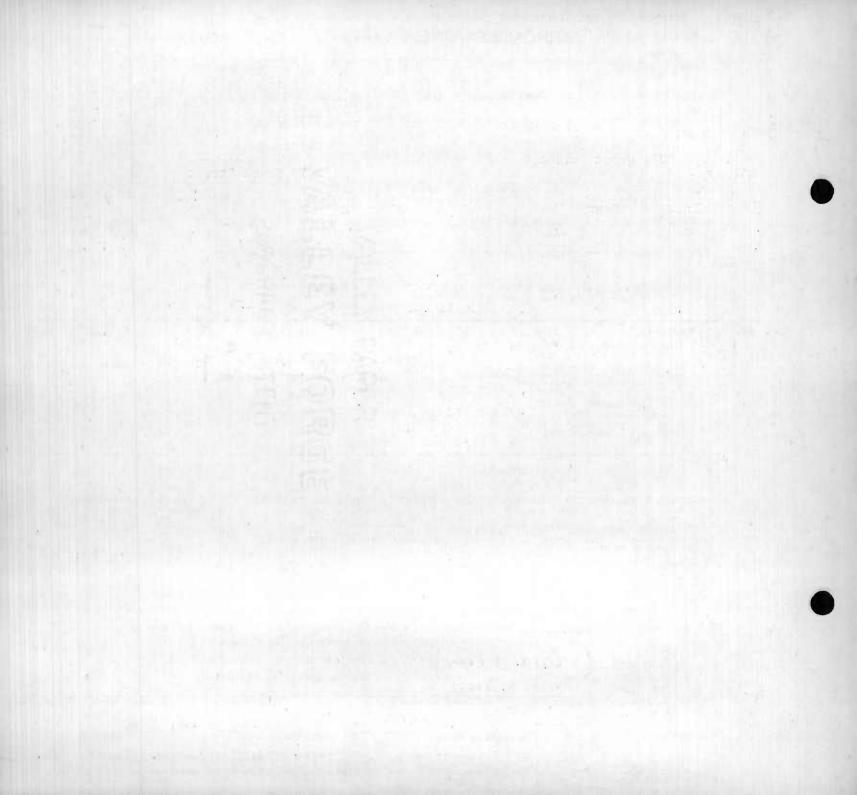
what argument takens Subwindsoned describerge Sepannely

	TH NO.	TETOME	DICAL EX	AMINER'S C	ERTIFICATE OF	DEATH Register	red No
	E CASE NO.			<del></del>			
(Ťy	Pe or Printl		0.0	O.M.M.		ID HOUR PRONOUNCE	
2		EORGE		OTT		mber 1, 1966	4:35 A M.
3.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOU	INCED DEAD	A. STATE	B. COU	tution: residence before odmission)
FU	LL NAME OF	(IF NOT IN HOSP	TAL OR INSTITU	ITION, GIVE STREET	Maryland C. CITY OR TOWN (If outsi	do comercia limita cuita	DIIDAI and also to machin
IN:	SPITAL OR	ADDRESS OR LO	CATION)		C. CITT OR TOWN (IF OUTS)	de corporote umits, write	ROKAL and give township)
					Baltimore		-61
	006	41 North Car	rey Stree	t	D. STREET ADDRESS (If ruro	, give location)	1
	0				641 North	Carey Stree	et
5. :	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
1	Male	Colored	sine	_ '	7-15-92	74	Total Total Total
			ork TOB. KIND OF		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
don	e during most of	working life, even if retired	4)		Maryland		WHAT COUNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	\E	U.D.z.
15	WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
		n) (If yes, give wor or de		SECURITY NO.			
		F DS4		220-02-789	Warren Bayn	or 1028 Wha	atcoat Street
	18.21 CL	2 X .		. CAUSE	OF DEATH		INTERVAL BETWEEN
	Piera	ST OF COURTER	Discoul V				ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA	TH	Arteri	osclerotic and b	Ivnertensive	
	(This does	not meon the mode	of dying, e.g.,		rdiovascular Dis		
	injury or co	omplication which couse	d deoth.l	Ca	rurovascurar Drs	sease	
		ANTECEDENT · CAU	CE C				
		OR CONDITIONS, IF		(B)			
	RISE TO TH	HE ABOVE CAUSE (A)	STATING THE	501 10			
z	ONDERET	NO CONDITION LAS	1.	(C)			
5		ll l					
CERTIFICATION		INIFICANT CONDITION					
표		DEATH BUT NOT		4E			
FRT		F OPERATION 198, CO	ONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIR	NDINGS CONSIDERED
O	0	WAS P	ERFORMED		No	IN CERTIFYING CAUS	SES OF DEATH?
¥		AL CAUSE WAS	21 B, 1	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	Ilf in Boltimore City, give	ve exact location)
EDICAL		OR CONTRIB-	home,	form, foctory, street, o	ffice bldg., INJURY OCCUR?		
ME	OLD TIME	4. A . A . A . A . A . A . A . A . A . A		T. INITIAN O COURTS		III O COLUMN	
	OF INJURY	(Month) (Doy) (Y		IE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)		m. W	ORK NOT AT W	ORK		
	22.	rtify that I held an	In autou	Inspection X Aut	apsy and that an th	in bening density to a	
						is basis, death In m	
	resu	Ited fram: Natural	auses X A	ccident Suicide	e Hamicide	Undetermined manne	er
		. 1/2/	1	7 1	CHIEF MEDICAL E	XAMINER	DATE SIGNED
	SIGNAT		nesu	with M.D.	ASSISTANT MEDICAL E	XAMINER X	DATE STORES
	EYAMI	NED'S		7	ASSOCIATE MEDICAL E		
	NAME	(Type) Rudiger	Breitene	cker, M.D.			12/1/66
	BURIAL CR		230	C. NAME of CEMETERY o	CREMATORY 23D.	LOCATION (City,	town, or countyl (State)
KE	MOVAL (Speci	110 5	66 3	Balto. Mat'	1. Cem. B	altimore,	Maryland
24	A. DATE REC'E			OF REGISTRAR	24C. FUNERAL DIRECTO		ADDRESS
241	WATE RECE	VI HEALIN DEFI	2406 IAWINE	A T. A and			
		DEC 5 1066	1 R. Co. B	E Stalken F.	George Kel	son 1348 N	. Calhoun St.
VS	151-REV 1/1	/65	A TIME TO A	) () ()	2 11 1		4





M.E. CASE NO.  1. NAME OF DI (Type or Print)	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
l vype or rinny	JOHN		TYSON			er 1, 1966		8:00 P M.
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	DUNCED DEAD	A. STATE		eceased lived. If inst	titution: residence UNTY	e before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  2029 Brunt Street			Maryland  C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)  Baltimore  14-03				jive township)	
			D. STREET ADDRESS (If rural, give locosian)  2029 Brunt Street					
Male	6. RACE Negro	WIDOWED,	D, NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	7	9. AGE (In years lost birthday)	If Under 1 Months, Doy	Yr. If Under 24 Hrs. ys Hours Min.
one during most o	f working life, even if retire		OF BUSINESS OR INDUSTR		Caroli		12. CITIZEN WHAT C	OUNTRY?
13. FATHER'S NA		IED EOPOPES	16. SO CIAL	17. INFORMANT	AIDEN NAME		ADDRESS	
	SED EVER IN U.S. ARM (If yes, give war ar c				Ingram	2029 Bru		eet
(This does	ASE OR CONDITION LEADING TO DEA not meen the mode re, asthenia, etc. It me amplication which cause	of dvina e.a.	(A) Arter	e of DEATH rioscleroti ardiovascul		ypertensiv ase.	10	TERVAL BETWEEN USET AND DEATH
OTHER SITO THE	LEADING TO DEA  not meon the mode e, osthenia, etc. If me amplication which couse  ANTECEDENT CAU  OR CONDITIONS, II HE ABOVE CAUSE (AI ING CONDITION LAS  II GNIFICANT CONDITIO DEATH BUT NOT	of dying, e.g. on the disease ed death.)  ISES  F ANY, GIVING I STATING THE ST.  NS CONTRIBUT  RELATED TO	(A) Arter NHKKK Ca	cioscleroti			10	
OTHER SITO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE THE DISEAS	LEADING TO DEA  not meon the mode e, osthenia, etc. If me amplication which cause  ANTECEDENT CAU  OR CONDITIONS, II HE ABOVE CAUSE (AI ING CONDITION LAS  III GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUS  OF OPERATION 198. C WAS I	of dying, e.g., ons the disease, ed death.)  ISES  F ANY, GIVING I STATING THE ST.  NS CONTRIBUT RELATED TO ING IT.  ONDITION FOR PERFORMED	(A) Arter NHKKK Ca  (B) DUE TO  (C)	rioscleroti ardiovascul	ar Dise	POR, IF YES, WERE FIN CERTIFYING CAU	E INDINGS CON USES OF DEATI	SIDERED
OTHER SITO THE DISEASE  OTHER SITO THE DISEASE  19A. DATE COUNDERLY  UNDERLY  OTHER SITO THE DISEASE  19A. DATE COUNDERLY  UNDERLY  OTHER SITO THE DISEASE  19A. DATE COUNDERLY  OTHER SITO THE DISEASE  OTHER SITO THE DISEASE  OTHER SITO THE COUNTY OF THE	LEADING TO DEA  not meon the mode e, osthenia, etc. It me amplication which cause  ANTECEDENT CAU  OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LAS  II GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUS  OF OPERATION 198. CO	of dying, e.g. ons the disease, ed death.)  ISES FANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING TO ING IT.  ONDITION FOR PERFORMED	(A) Arter NHKKX Ca  (B) DUE TO  (C)	20A. AUTOPSYY NO	Yes or No) 2	POR IF YES, WERE FIN CERTIFYING CAU	E INDINGS CON USES OF DEATI	SIDERED
OTHER SI TO THE DISEASE TO THE DISEA	LEADING TO DEA  not meon the mode  c, osthenia, etc. If me  amplication which couse  ANTECEDENT CAU  GOR CONDITIONS, II  HE ABOVE CAUSE (A)  ING CONDITION LAS  III  GNIFICANT CONDITION  DEATH BUT NOT  OR CONDITION CAUS  OF OPERATION 198. C  WAS II  AL CAUSE WAS  GOR CONTRIB-  USE OF DEATH.	of dying, e.g. ons the disease, ed death.)  SES F ANY, GIVING I STATING THE ST.  NS CONTRIBUT RELATED TO INCLATED TO INCLATED TO INCLATED TO INCLATED TO INCLATED TO INCLATE IT.  ONDITION FOR PERFORMED	(A) Arter NHKKK Ca  (B) DUE TO  (C)	20A. AUTOPSYY NO	Y(Yes or No) 2	POR IF YES, WERE FIN CERTIFYING CAU	E INDINGS CON USES OF DEATI	SIDERED
OTHER SITO THE DISEASE 19A. DATE OUT UNDERLYNOUN	LEADING TO DEA  not meon the mode  c, osthenia, etc. If me  amplication which couse  ANTECEDENT CAU  GOR CONDITIONS, II  HE ABOVE CAUSE (A)  ING CONDITION LAS  III  GNIFICANT CONDITION  DEATH BUT NOT  OR CONDITION CAUS  OF OPERATION 198. C  WAS II  AL CAUSE WAS  GOR CONTRIB-  USE OF DEATH.	of dying, e.g. ons the disease of death.)  ISES  F ANY, GIVING STATING THE STA	(B) Ca  (B) DUE TO  (C)	20A. AUTOPSYN NO in or obout 21C. Wolfice bldg. INJURY	(Yes or No) 2 III HERE DID (III OCCUR?	POR IF YES, WERE FIN CERTIFYING CAU	IN DINGS CON ISES OF DEATI	SIDERED
CThis does heart foilure injury or	LEADING TO DEA  not meon the mode e, osthenia, etc. It me amplication which cause  ANTECEDENT CAU  OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LAS  II GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUS OF OPERATION  ALL CAUSE WAS  GOOD CONTRIB- USE OF DEATH.  (Manth) (Doy) (1)  ortify that I held on lited from: Natural	of dying, e.g. ons the disease of death.)  ISES  F ANY, GIVING I STATING THE ST.  NS CONTRIBUT RELATED TO ING IT.  ONDITION FOR PERFORMED  21B. home etc.  (Fear) (Hour)  Inquiry	(A) Arter  EMERK Ca  (B) DUE TO  (C)  (C)  (C)  (D)  (E)  (D)  (D	20A. AUTOPSY: No in or obout 21C. W office bldg., INJURY WHILE vork Hopsy ond de Homicie CHIEF MI	Yes or No) 2 HERE DID (III OCCUR?  W DID INJURATION THAT IS NOT THE INJURIES OF THE INJURIES	POB. IF YES, WERE FIN CERTIFYING CAU  f in Boltimore City, g  RY ÖCCUR?  s bosis, death In a	IN DINGS CON USES OF DEATI	SIDERED
OTHER SI TO THE DISEASE  OTHER SI TO THE DISEASE  19A. DATE CO  21D TIME OF INJURY (APPROX.)  22. I ce  19A. EXTERN  OF INJURY (APPROX.)  22. I ce  19A. EXTERN  OF INJURY (APPROX.)  23. I ce  19A. EXTERN  OF INJURY (APPROX.)	LEADING TO DEA  not meon the mode e, osthenia, etc. It me amplication which couse  ANTECEDENT CAU  OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LAS  III GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUS OF OPERATION 198. C WAS II AL CAUSE WAS GOOR CONTRIB- USE OF DEATH.  (Manth) (Doy) (1)  ortify that I held on Ulted from: Natural	of dying, e.g. ons the disease of death.)  ISES  F ANY, GIVING I STATING THE ST.  NS CONTRIBUT RELATED TO ING IT.  ONDITION FOR PERFORMED  21B. home etc.  (Fear) (Hour)  Inquiry	(A) Arter  EMERK Ca  (B) DUE TO  (C)  (C)  (C)  (D)  (E)  (E)  (D)  (C)  (D)  (C)  (D)  (E)  (E)  (D)  (D)  (D)  (D)  (E)  (D)  (D	20A. AUTOPSY: No in or obout 21C. W office bldg., INJURY WHILE VORK  Homicie	Yes or No) 2	208. IF YES, WERE FIN CERTIFYING CAU  If in Boltimore City, g  RY OCCUR?  S bosis, death In a  AMINER AMINER	INDINGS CON ISES OF DEATI	SIDERED H?

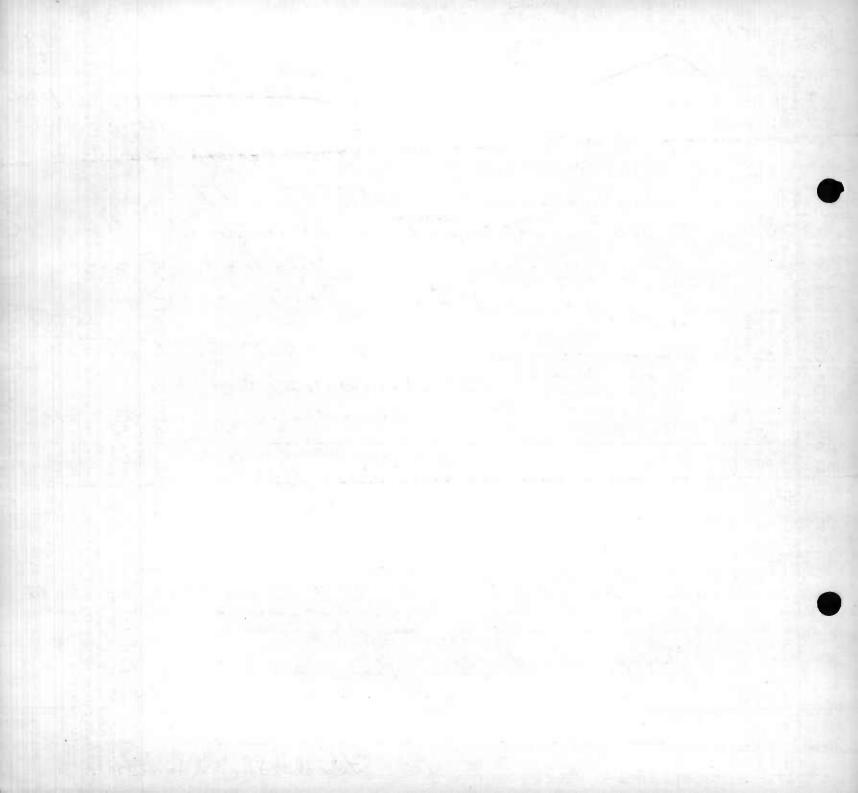


Edward Coldwill Mary Firez With Caldwell 257 & Bus Trans 4/2/00 per the book to Bettering trails Thought the medition

IRTH NO.	66 12104		TE OF DEATH	Registered No.	66 12104			
NAME OF DEC	EASED		2. DATE A	ND HOUR OF DEATH				
Type or Print)	SHANAMAN, J	OHN R.		11/30/	66 1 12:500.			
PLACE OF DE	ATH IN BALTIMORE, MARYLAND			ere deceased lived. If in	stitution: residence before admission			
			A. STATE B. COUP	0	~ D			
FULL NAME O	<ul> <li>(If not in hospital or institution)</li> </ul>	ution, give street	C. CITY OR TOWN (If ou	SALTIMOR	RURAL ond give township)			
INSTITUTION	11	7	BALTIN		ROKAL ond give lownship			
SINAL	HOSPITAL OF B	ALTIMORE, LNC.		rurol, give location)	00-00			
42			8117 Loc	0	BLUD. #4			
- SEX	6. RACE 7. MA	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr			
m	W	Widowed (specify)	10/17/93	73	Months Days Hours Min.			
	UPATION (Give kind of work 10 B, KII warking life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12, CITIZEN OF WHAT COUNTRY?			
	adated Delivery	Delivery	MD.		U.S.A.			
3. FATHER'S NA		CTTACTÀ	14. MOTHER'S MAIDEN NA	ME				
	1174 71 71 4							
5. Was Deceased	William Sha	anaman   1 6. social	17. INFORMANT	Elizabeth A	lemander ADDRESS			
res, no or unknown	(If yes, give wor or dotes of ser	SECURITY NO.						
No		215-09-6862A	Trs Marie Lea	ch 8117 Loch	Raven Blvd. 4			
18. 26	OXI	CAUSE O	F DEATH		INTERVAL BETWEEN			
DISEA	SE OR CONDITION DIRECTLY	CHFZO	1	- 2	CHISEI AND DEATH			
	LEADING TO DEATH	(A) 1 4	ilmonery.	eauny	3 days			
	not mean the mode of dying, osthenio, etc. It means the dis							
	nplication which caused death.)		ASCUPL		1/80-6			
	ANTECEDENT CAUSES	DUE TO	10000		7			
DISEASES	OR CONDITIONS, il ony,		- (od a.	200-1.	1			
	e abave cause (A) slaling G CONDITION lost.	The (C)	aros m	20161	Y & & > 5			
CHECKETH					/			
TO THE D	IFICANT CONDITIONS CONTRIB BEATH BUT NOT RELATED T CONDITION CAUSING IT.	BUTING O THE						
19A. DATE OF		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208. IF YES. WERE	FINDINGS CONSIDERED			
19A. DATE OF	WAS PERFORMED	)		IN CERTIFYING CA	USES OF DEATH?			
21 A. ACCIDE	NT WAS UNDERLYING U	21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	e City, give exact location)			
OR CONTRIBE	UTING CAUSE OF medical examiner	home, form, foctory, street, of	fice bldg., INJURY OCCUR?					
			2) 5 110 11 215					
OF INJURY	(Month) (Doy) (Year) (Hour)	The state of the s	21 F. HOW DID IN.	OKT OCCOR!				
(APPROX.)	S Mark House Ca	While At At Work			1 1 1			
22. I certify	that (1) (this haspital) atten	ded the deceased from	11/25/	1966 to	11/30/1966			
	that (I) (we) ast saw the deceosed alive an							
ond hour on		ive. (I) (We) (did) (did nat) v	iew the body after deoth.		LOOP DATE SIGNIFO			
ZSA. SIGNATO		A M.O. Atte	ending Med.	Stoff	23B. DATE SIGNED			
11	ymen Tre	en Ould Phy	s. Director	Phys.	11/30/60			
NAME OF		REENFIELD M.D.	51HAL	HOSPITI	26			
4A. BURIAL CRE		24C. NAME of CEMETERY of CRE	MATORY 24D. L	OCATION (C	ty, town, or county) (State)			
Buri	27 72.2 7044	Parkwood Cemeter	Ba	altimore, Md				
Trigger was								
DAIL KEE		AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS (			
JA. DAIL REC		AME OF REGISTRAR			ADDRESS (3			
S 150-REV. 1/1/	DEC 5 1966 P.P.	AME OF REGISTEAR			'HOI Balan Real			

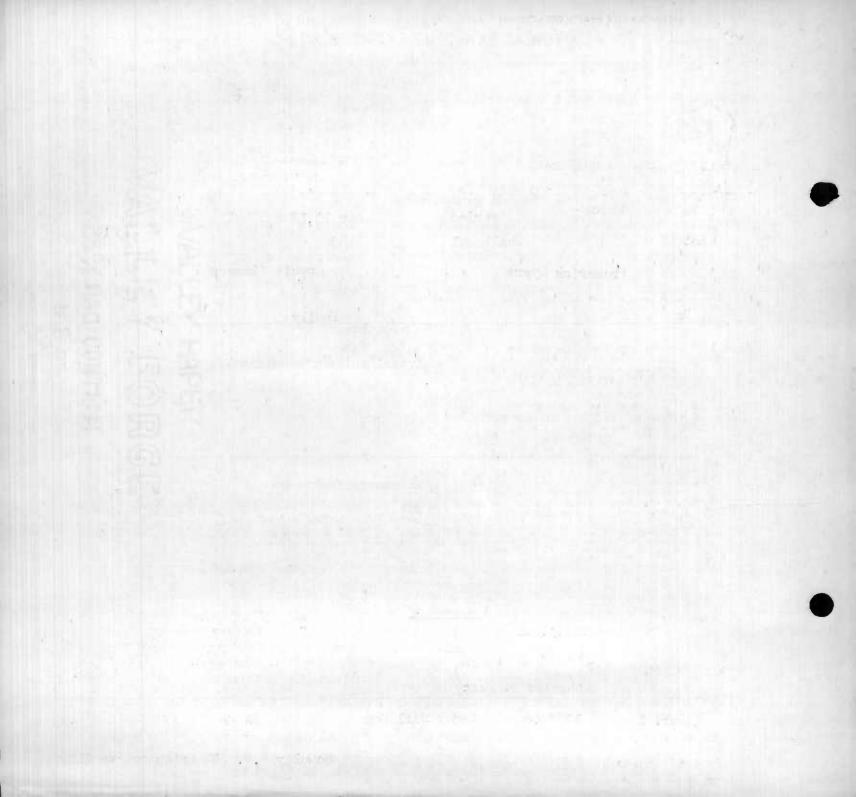
ENTER OF THE PROPERTY. m. The same

E-E- E1/4/2

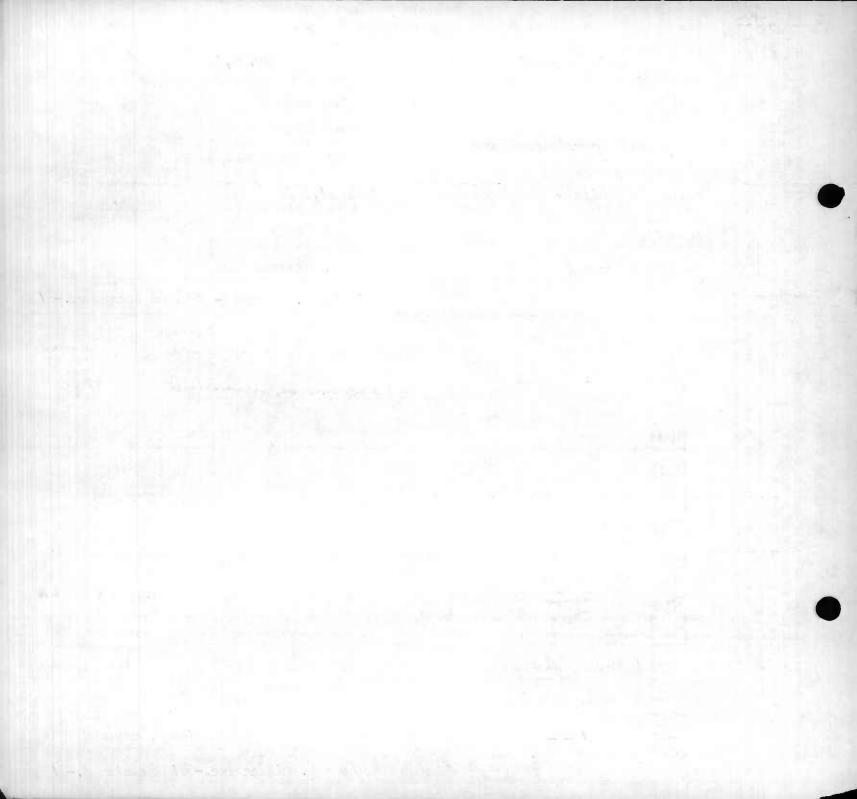


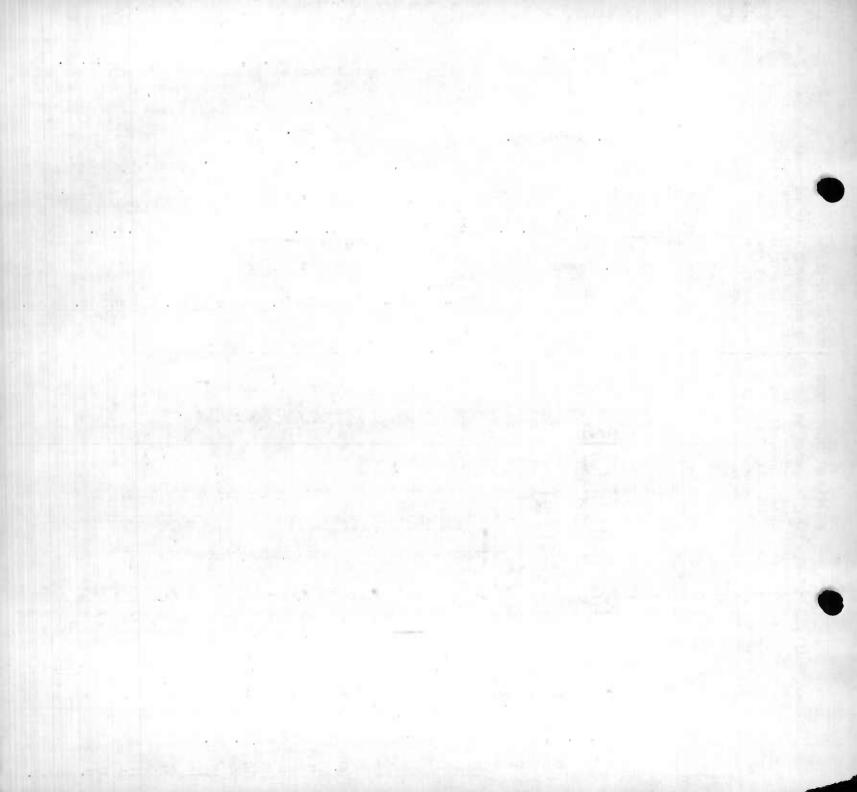
6 12106	BALTIMORE CITY HEALTH DEPART

	66	12106		BALTIMORE CITY HEAL	TH DEPARTMENT	X		66 19	ane	
BIR	TH NO.	MED	ICAL EX	(AMINER'S CE	ERTIFICAT	E OF I	DEATH Registe	red No.	1.00	
M.	E CASE NO.									
1.	NAME OF DEC	EASED				2. DATE AN	D HOUR PRONOUNC		-	
шу	pe or Print)	JOHN		MEYER		Dece	ember 1, 196	6	11:30	P
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDE	NCE (Where	deceosed lived. If inst B. COL	itution: residence	before of	lmi s sio n
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		ryland	e corporate limits, write	RURAL and giv	e townsh	ip)
IN:	STITUTION	ADDRESS OR LOC.	A IIONI							
	1/				D. STREET ADDR	Ltimore		000	0.0	
4	6 Luth	eran Hospita	T				se Avenue			
5. 5	FX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr.	If Under	24 Hrs.
				DIVORCED (specify)	or DATE OF BRITIS		lost birthdoy)	Months Doys		
	Male	White	Mar	ried	Apr 13.1	888	78		}	
do	during most of v	JPATION (Give kind of wor vorking lile, even if retired)	Shell	Oil	Md	itate oi loieig	gn country)	12. CITIZEN O	UNTRY?	
13.	FATHER'S NAM	\E	1		14. MOTHER'S MA					
		Frederick N	lyers	1.2 5 6	Sop	hia Hi	mmers			
		D EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	No				Famil	V	Sar	me		
	1B. 1	111		CAUSE	OF DEATH	*		INTE	RVAL BET	
CERTIFICATION	DISEASES (RISE TO THE UNDERLYIN	LEADING TO DEATH not meon the mode of osthenio, etc. If meon nplication which caused  INTECEDENT CAUSE OR CONDITIONS, IF / E ABOVE CAUSE (A) S IG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSIN	dying, e.g., s the discose, deoth.)  S ANY, GIVING TATING THE  CONTRIBUTING THE	(B)	ary Emphy		iovascular D	1sease.		
CERT	19A. DATE OF	OPERATION 198, CON WAS PER	NDITION FOR	WHICH OPERATION		(Yes or No)	1208. IF YES, WERE FI	NDINGS CONSI	DERED	
1	21 A EXTERNA	L CAUSE WAS	21.0	PLACE OF INJURY (e.g., i	No No	HERE DID	(If in Baltimore City of	ive exect legation	-1	
MEDICA	UNDERLYING	OR CONTRIB- SE OF DEATH.	home etc.)	, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	The continue city, gr	THE EXOCITIONOUS	,	
Σ	21D TIME	(Month) (Doy) (Yed	r) (Hour) 2	1E. INJURY OCCURRED	21F. HO	W DID INJU	URY OCCUR?			
	OF INJURY (APPROX.)		m. V	WHILE AT NOT AT W	WHILE ORK					4 17
	ACTUAI SIGNAT EXAMIN	URE OL COLORS	es S. Pe	Suicident Suicide	Hamicid	le U DICAL EX		er D	ATE SIG	
23/	NAME (	MATION, 238 DATE	23	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City	, town, or county	) (	Stote)
RE	Burial	12/5/	/66	Cedar Hill Co	em	A	A Co		Me	đ
24	A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADDR	ESS	
	D	EC 5 1966	D.O. A.	E. Farluna	McCu	lly F.	H. 237 Pata	psco Ave	21 22	5
VS	151-REV. 1/1/			70." % %	- 0	6.0				



	00 40300		BALTIMORE CI	TY HEALTH D	EPARTMENT				
BIRTH NO.	66 1210	1	CERTIFIC	ATE OF	DEATH	Registered Na	66 1210	7	
	DECEASED	endt				and hour of death			
3. PLACE O	F DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission					
FULL NA HOSPITAL INSTITUTI	L OR oddress or location			C. CITY OF	yland town (11 timore		RURAL and give township)		
90	Gould Convales	cent Home	2	D. STREET 28/	ADDRESS 7 Pelhan	(If rural, give location)  1 Avenue			
s. sex Female	6. RACE White		EVER MARRIED DIYORCED (specify)	B. DATE OF July 2	BIRTH 1, 1873	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under Months Doys Hours	24 H Min.	
done during m	OCCUPATION (Give kind of wornast of working tife, even if retired)	k 10B. KIND OF B	USINESS OR INDUST	RY 11. BIRTHPL	ACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
Houses				14. MOTHE	R'S MAIDEN N	IAME			
Wi	lhelm Hermani				Theres	na Baer			
5. Was Dec Yes, no or un	eased Ever in U.S. Armed Fo known) (If yes, give wor or dot	rces? es of service)	6. SOCIAL SECURITY NO.	Willia		rendt- 3904	Mayberry Ave2	2/20	
18.4	22,11			OF DEATH		1 2000	INTERVAL BETWE		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) LA				vertic le	urcleoverwer	30 year	1	
heart fa	oes nal mean the made at pilure, asthenia, etc. It means or camplication which caused ANTECEDENT CAUSE:	s the disease, d death.)	(B) aut	versile	vous,	erchoverwhe generalized	30 g.		
rise to	ES OR CONDITIONS, if a the abave cause (A) RLYING CONDITION last.		(C)						
E TO TH	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	TE OF OPERATION 198. COI		ICH OPERATION	20 A. AU	TOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CON	CCIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B. P home, etc.)	LACE OF INJURY (e.g. form, factory, street,	office bldg., tN	C. WHERE DID JURY OCCUR?	(If in Boltimo	re City, give exact location)		
OF INJU	JRY	(Hour) 21 E, I While Work	A1 Not W	21F. HOW DID INJURY OCCUR?					
22 1 00	antifu that (1) (this baselta			Rus	8	1956 to	200-29 18	6	
that (1)	22. 1 certify that (1) (this hospital) attended the deceased fram ling 1956 to 1000-7-1 1956 that (1) (we) lost saw the deceased alive an 1956 and that in (my) (out) apinian death accurred on the								
	ur and from the causes sto NATURE	ited abave. (1)	(ma) (did) (did not)	view the bo	dy offer death	h.	23 B. DATE SIGNED		
234. 310			M.D. A	Attending	Med.	Stoff		, ,	
	Glam god (SICIAN) ME (Tyge) A YM 6	vies .		hys. 23D. ADDRES	Director	Phys. $\square$	(wv.30,14		
			M.I		Belavi	Road De	ucto. Ina	9	
REMO	CREMATION, 24B. DATE VAL (Specify)		nknood (eme		24D.		re, Maryland	(Stote	
	REC'D BY HEALTH DEPT.	25B. NAME OF		0	NERAL DIRECT		ADDRESS		
	DEC E 1000	10 On Fort	2. Farley MA	John	C. Mil	Ler Inc641	5 Belair Rd21.	201	
/S 150-REV.	1/1/65	A CONTRACTOR			-				





Park English Fried Street

EVI BUSHING TO A MODULE SILVE AND A SECOND SILVE SILVE

.2 (58/2024 ) . 7 2 7 3

(3) West's toppeling of the William 

shows:

3

VS 150-REV. 1/1/65

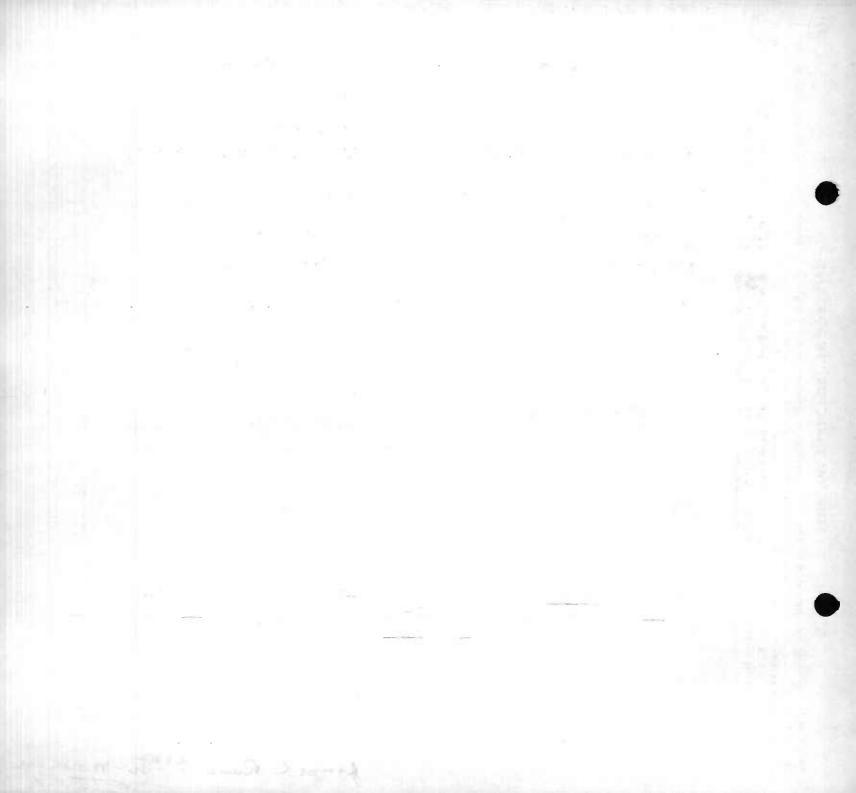
of death Deceased

and

Such

LO

BALTIMORE CITY HEALTH DEPARTMENT 66 12111 Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 12-01-66 Mary L. Jones 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Marvland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION Baltimore D. STREET ADDRESS street Address (If ruid, give location) 1215 N. Bentalou Street The Johns Hopkins Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birtaday Months Doys 8-2-85 Widow Negro 16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! LePlata Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Hawkins Albert Lee 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 214 56 2971 No Chauncey A.R. Jones 1215 N. Bentalou St. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Myriatial infaction Heraboph. CANCER of Colon LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED YES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, farm, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical exominer) 21 D. TIME (Month) (Day) (Year) (Hout 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 10 - 2419 66 12-01 66 22. I certify that (I) (this haspital) attended the deceased fram 12-01 that (I) (we) last saw the deceased alive on..... ond that in (my) (our) apinian death accurred on the date and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATU 23B. DATE SIGNED M.D. Attending Med. Phy s. written approval 23C. PHYSICIAN'S 23D. ADDRESS The Johns Hopkins Hospital 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Balto. Md. Buria] 25A. DATE REC'D BY HEALTH 25C. FUNERAL DIRECTOR 2227



Such

BALTIMORE CITY HEALTH DEPARTMENT

RR 19119

ARTH NO.	00 15115		CERTIFICA	TE OF DEAT	H Registered N	0. 00 17.110
M.E. CASE NO.	CEASED			2 DA	TE AND HOUR OF DEA	TH.
Type or Print)					November 30,	
	Robert M. Berg					1966 7,50 a. M. If institution: residence before odmission)
				A. STATE B.	COUNTY	A
FULL NAME	OF (If not in hospital		give street	Maryland	Balim	
HOSPITAL OF	d oddress or locotion	n)				rite RURAL and give township)
The Mou	nt Convalescen	t Home		rural Balt		33-00
3706 No:	rtonia Rd.			7032 Yatar		
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White	Widow	D. DIVORCED (specify)	Oct. 8, 187	77 (ost birthdoy)	Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of work	10B. KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF
Tailor	of working life, even if retired)	Clat	hina	Lithuania	3	WHAT COUNTRY?
		CTO	hing	5.		
Rober	Berger			unknown	N NAME	
5. Wos Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	ed Ever in U. S. Armed For wn) (If yes, give wor or dole	s of service)	SECURITY NO.		2515 W.	
no			212-26-4191	Arthur J.Be	itger joil hir.	lford Mill Rd. Zone 7
18. 4	22,/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	/ :			
	LEADING TO DEATH		(A) ArTE	riosceretic	entapuasa	Var 4 years
	nat mean the mode of e, asthenia, etc. It means		, DUE TO		cardiovasce disease	
	implication which caused				,,, - CS C	
	ANTECEDENT CAUSES		(B)		00 000 dá v 0 mm 0 dám v mm mm mm maga 1994 par 1, maga	
DISEASES	OR CONDITIONS, if	any, givina				
rise la l	he above cause (A)			······································		
UNDERLYIN	NG CONDITION Iosi.					
_	11					
	NIFICANT CONDITIONS C DEATH BUT NOT RELA					
DISEASE O	R CONDITION CAUSING I	Т.				
19A. DATE	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION		or No. 20B, IF YES, WE	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
				no		
	ENT WAS UNDERLYING DEBUTING CAUSE OF		B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, of	fice bldg. INJURY OCC	DID (II in Boltin	imore City, give exact location)
	fy medical examiner)	etc		3,,		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DI	ID INJURY OCCUR?	
OF INJURY		wi	hile At Not While	• 🗆		
(APPROZ)		W	ork At Work		0 100	
			the deceased fram		8 14 3 to	NOV, 30 1966,
that (1) (we	) lost saw the decease	d olive on.	Nov. 18	1966	and that in (my) (our)	opinian death accurred on the date
			(I) (#e) (did not) v			
23A. SIGN AT			(,, (, ,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,		301110	23 B. DATE SIGNED
A	1 0 R 1	//	M.D. Atte	ending Med.	Stoff	
-00	rakom 1. 1	rurw		s. Director	Phy s.	Dec 1, 1966
23C. PHYSIC	(Type)		0	23 D. ADDRESS	1 5 6 6	
At	oraham B. Hurw	itz	M.D.	7501 Liberty	Rd. Balto	o 7, Md
4A. BURIAL CE	REMATION, 24B. DATE	24C. N	AME of CEMETERY or CRE	MATORY	24D. LOCATION	(City, town, or county) (State)
Buria	(Specify) 12/2/	16 I	oudon Park Cen	netery	3801 Freder:	ick Ave. Balto Md.

Loudon Park Cemetery

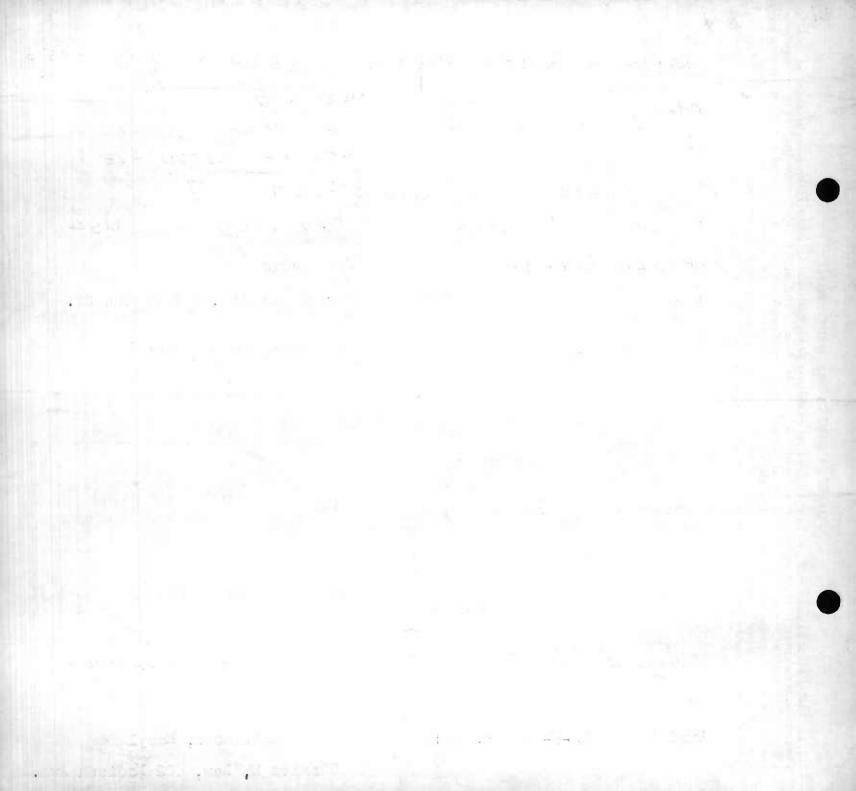
3801 Frederick Ave. Balto Md.

258 NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 1966 VS 150-REV. 1/1/65

And I government to the state of the state o 

	66 121	BALTIMO	RE CITY HEALTH DEPARTMENT	140
IRTH NO.	00 121.	CERTII	FICATE OF DEATH Registered No. US 12	10
NAME OF DEC	CEASED		2. DATE AND HOUR OF DEATH	_
Type or Print)	7 D	,		1
PLACE OF DE	Emma Boo	otman	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence be	T.
. TEACE OF DE	ATH IN BALIIMORE MAR	CLAND	A. STATE B. COUNTY	nore cami
FULL NAME (	OF (If not in hospital o	or institution, give street	Md.	
HOSPITAL OR	oddress or location		C. CITY OR TOWN (If outside city limits, write RURAL and give town	ship)
INSTITUTION				эшру
0			Baltimore	
()()	3402 Che	esley Avenue	D. STREET ADDRESS (If rurol, give location)	
			3402 Chesley Avenue 21234	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr.   If	Under 2
L'emale	3873 • 1	WIDOWED, DIVORCED (spe		ours /
CHICCIE	White	Wi.dowed	2-22-1873 93	
	WPATION (Give kind of work) working life, even if retired)	TOB, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	TRY?
		TT		,
House FATHER'S NA		Housewife	Baltimore, Naryland U.S.A.	
· FATHERS NA	WE		14. MOTHER'S MAIDEN NAME	
	Andrel Gerr	and	Annie Buhmen	
Was Deceases	d Ever in U. S. Armed Force		17. INFORMANT ADDRESS	
es, no or unknow	n) (If yes, give wor or doles	of service) SECURITY NO	o.	
No		217-16-1	548D Mr Sherman Bootman 3402 Chesley Ave	nije
18. / -		11111111111	AUSE OF DEATH	
11/6			ONSET AN	
DISEA	SE OR CONDITION DIR	ECTLY	contains In Louisin D.	P
471: 4	LEADING TO DEATH	(A)	Cor cook vor paccage 2	100
	not meon the mode of osthenio, etc. It meons		10	
	mplication which coused		201100 Calt by the	/ A
	ANTECEDENT CAUSES	(B) C	our of the order 10	17
		DUE	TO (	700100788088
	OR CONDITIONS, if a	and the second s		
	G CONDITION lost.	sloling lhe (C)	**************************************	
ONDERCHIN	O CONDITION 1031,			
Z OTHER SIGN				
OTHER SIGN	DEATH BUT NOT RELA			
	CONDITION CAUSING IT			
19A. DATE O	F OPERATION 198. CONE	DITION FOR WHICH OPERATIO	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDER	RED
0	WAS PERF	OKMED	IN CERTIFYING CAUSES OF DEATH?	
	ENT WAS UNDERLYING	21B, PLACE OF INJUI	RY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact loc	otion
OR CONTRIB	UTING CAUSE OF	home, form, foctory,	street, office bldg., INJURY OCCUR?	- 40 /11
DEATH (notil	y medical examiner)	etc.)		
21D. TIME	(Month) (Day) (Yeor)	(Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
OF HAJORI			Not While	
(APPROX.)			At Work	
22. I cartify	that (1) (this bosnital)	ottended the deceased fro	195/10	10 8
		11 - 1)		
that (I) (we	) lost saw the deceased	d alive on	19 66 and that in (my) (our) opinion dooth occurre	d on th
ond have an	d from the couses state	ed obave. (I) (We) (did) (did	d nat) view the body ofter deoth.	
23A. SIGNAT			23B. DATE SIGNED	
	(/1/2)	OIL DI		-/
	\/ \( \)	UT W	I.D. Attending Med. Stoff Phys. 12 - 2	K
23 C. PHYSICI			23D. ADDRESS	
RICHA	RD R. RIGLE	R	M.D. 1 W. Overlea Ave. Balto. 6. Md	
	THE THE THE	**	M.D. 1 W. Overlea Ave. Balto. 6, Md	
A. BURIAL CRI		24C. NAME of CEMETER	Y of CREMATORY 24D, LOCATION (City, town, or county)	(\$
REMOVAL			7.5	2
Buria		66 Parkwood Ce		d.
A. DATE REC'E	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDR	ESS (
	DEC 5 1966	DO BES FAD	WHIR ? Lase of Turned ) Some 2401Blank	
150-REV. 1/1/			in the same of the 14010 pm	2011
a IDU~KEV. I/I/	CO			

will be made your part above two ورفيا فعال الله المديد التا



24A. BURIAL CREMATION, REMOVAL (Specify)

25A. DATE REC'D

VS 150-REV. 1/1/65

DAT

Such

36	12	11	5
	J. C.	.t. J.	.U

BALTIMORE CITY HEALTH DEPARTMENT

CEDTIEICATE OF DEATH

_					
Re	ai	51	ered	Na.	

TH "	91316164 1161		
DATE AND HO	1. 1966	, 11.	50 A.M.

12115

	E. CASE NO.			CERTIFICA	IL OI DI			
	Pe or Print)		n Dibal Was	1 - A- A-	December 1, 1966 11: 50 A.M.			
3.	PLACE OF DEATH	DISTE	r Ethel Kn:	ignt	IA LISUAL PESIT			101.
					A. STATE	B. COUN		institution: residence before admission)
	FULL NAME OF		in hospital or institut	tion, give street	Maryl		Bal timo	
1	NSTITUTION		s or locotion)		C. CITY OR TO	WN (If ou	itside city limits, write	RURAL and give township)
	GL	Vil.	la Saint Mi	ichael	Balti		28	-41
	1 1				D. STREET ADD		rurol, give location)	7 7
								, Zone 7
5. 3	F.	W.	WIDO	Single_never married	May 28,	1885	9. AGE (In years lost birthdoy) 81	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPA during most of work			D OF BUSINESS OR INDUSTRY	11, BIRTHPLACE	(State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
0011	Sister of	-		narmacist-retired	Wash:	ington	D C	United States
13.	FATHER'S NAME		2-3		14. MOTHER'S A			
	John E.	Knigh	t		Anna	Marie	Palmer	
15. (Ye	Was Deceased Eve	er in U. S.	Armed Forces? wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	No	,, 3		219-54-0236	Sister	Andrea	- same addi	ress
	18.420	1/1		CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
			DITION DIRECTLY					
			O DEATH		Coronary occlusion			2 days
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.							
	injury or complic	cotion whi	ch coused deoth.)	6	arterioclerosis			ll years
	AN'	TECEDEN	T CAUSES	(B)	V-040404444 V&A4044444444 00 000 0	***************		
			ONS, if ony, gi					
	UNDERLYING C		ouse (A) sloting N lost,	lhe (C)	*************************			
		- 11						
ATION	OTHER SIGNIFIC TO THE DEAT DISEASE OR CO	TH BUT	NOT RELATED TO	JTING THE				
CA	19A. DATE OF OF		198. CONDITION I	FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No		FINDINGS CONSIDERED
ERTIFIC	None		WAS PERFORMED			one		AUSES OF DEATH?
CALC	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	IG CAU	ISE OF	21B. PLACE OF INJURY (e.g., ir home, lorm, foctory, street, of etc.)	fice bldg., INJURY	HERE DID	(If in Boltima	ere City, give exact location)
MEDIC	OF INJURY	Nonth) (D	oy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. H.	OW DID IN.	JURY OCCUR?	
8	(APPROX.)			While At Not While At Work	е			
	22. I certify the	at (I) (thi:	s haspital) attend	led the deceased from Ju	ily		1955 10 Nove	ember 1966,
				on November 29	19 66	and th	nat in (my) (aur) ap	Unian death accurred on the date
	and haur and fr	am the co	auses stated abay	ve. (1) (We) (did) (did nat) v	iew the bady a	fter death.		
	23A. SIGNATURE						veloties and a	23B, DATE SIGNED
	ATE	ML	My Pll	M.D. Atte	ending A	Aed.	Stolf Phy s.	December 1, 1966
	23C. PHYSICIAN'S	~ ~	1		23D. ADDRESS			
	TANKE CTYPE	1)	POL	SOID M.D.	3325 Fre	ederick	Avenue R	altimare 21228

24C. NAME of CEMETERY OF CREMATORY

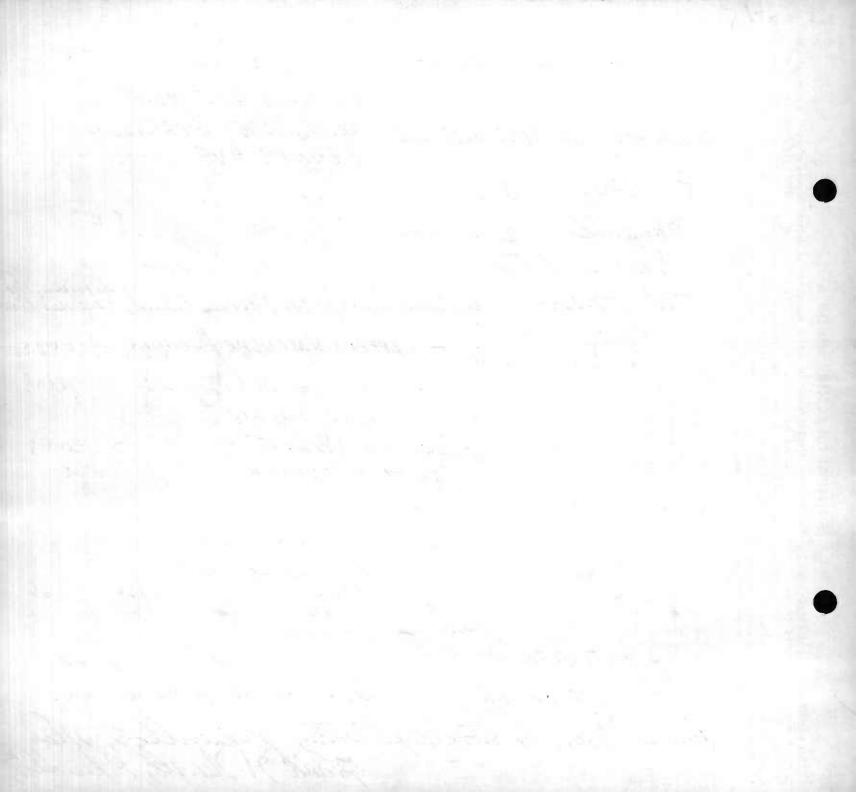
OF REGISTRAR

24D. LOCATION

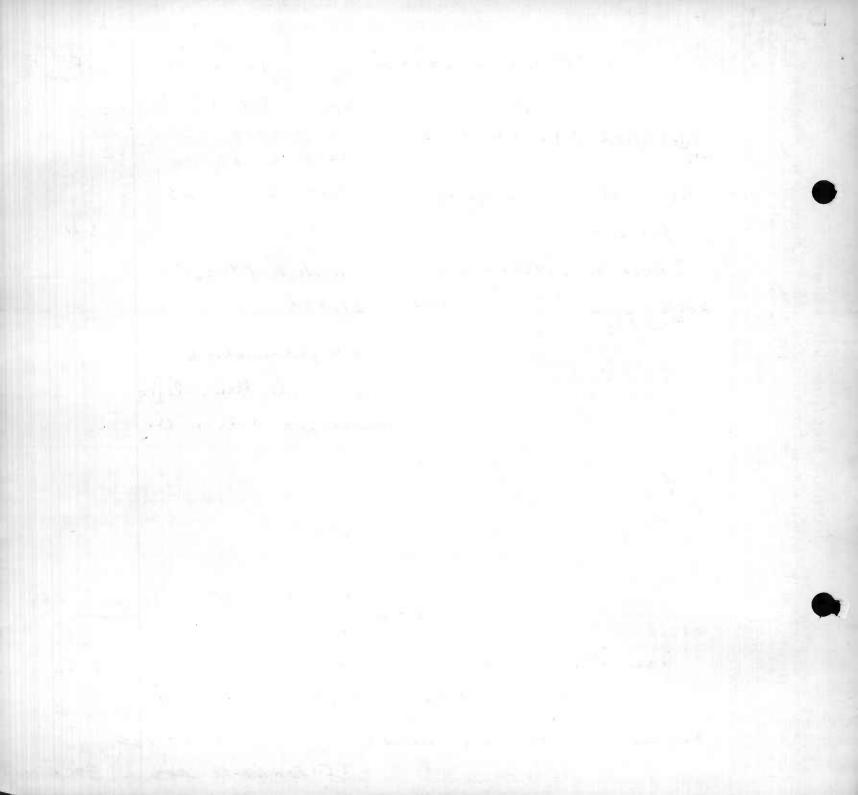
(City, town, or county)

(Stote)

.

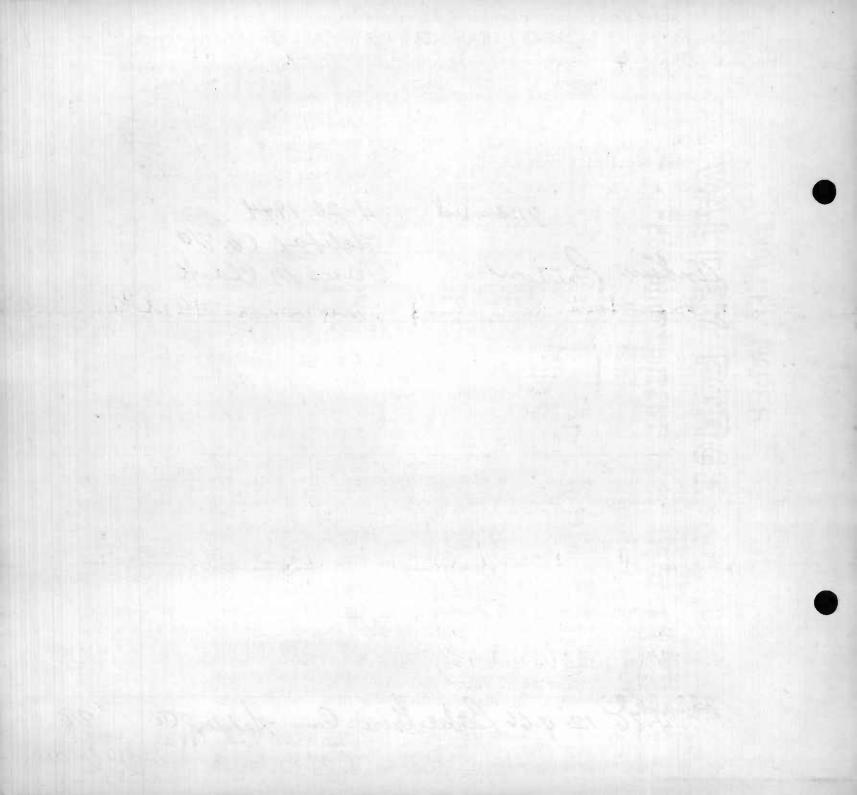


V\$ 150-REV. 1/1/65



## MEDICAL EVAMINED'S CEPTIFICATE OF DEATH Bosinson No. 66 12118

BIRTH NO. MEDICAL EXAMI	MER 3 CERTIFICA	IE OF DEATH Registered N	ia
M.E. CASE NO.			
NAME OF DECEASED Type or Print)		2. DATE AND HOUR PRONOUNCED DI	AD
MARTHA	DAVIS	November 30, 1966	M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	A. STATE	DENCE (Where deceased lived. If institution B. COUNTY	residence before odmission)
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, G IOSPITAL OR ADDRESS OR LOCATION) VSTITUTION	C. CITY OR TO	WN (If outside corparate limits, write RUR.	At and give township)
1944 Druid Hill Avenue		RESS (If rurol, give location)	6
	292	28 Garrison Boulevard	
Female Negro 7. Married, Never A widowed, divorce			Under 1 Yr. If Under 24 Hrs. oths, Days, Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINE one during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE		CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14 MOTHER'S N	MAIDEN NAME	
indrew Bretton	Haris	m. Clark	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes, give wor or dotes of service)	RITY NO.	Davis 2978	Classian Bl
18.	CAUSE OF DEATH	Naves - 120 x	INTERVAL BETWEEN
F 40 4VI			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Anomia during	Anasthasia for Dontal	
(This does not mean the made of dying, e.g.,	(A) Anoxia during	Anesthesia for Dental	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Extraction.		
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
Z Z	(C)		
Tri Tri	aromboses of over	ian veins, with multip	10
SI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		to pulmonary artery.	
194, DATE OF OPERATION 198, CONDITION FOR WHICH O	PERATION 20A. AUTOPS	Y? (Yes of No.) 208, IF YES, WERE FINDING IN CERTIFYING CAUSES O	
21A. EXTERNAL CAUSE WAS 218, PLACE O		WHERE DID (If in Baltimore City, give ex-	
UNDERLYING OF CONTRIB-	factory, street, affice bldg., INJUR	944 Druid Hill Avenue	14-03
OF INJURY		ow or injury occur? erapeutic misadventure	during nitrou
(APPROX.) 11 30 66 P WHILE AT	NOT WHILE X OX	ide-oxygen anesthesia.	
22. I certify that I held on Inquiry Inspec	ation Autopsy X on	nd that on this bosis, death In my op	inlon
resulted from: Notural couses Accident	T	ide Undetermined monner	
		MEDICAL EXAMINER	DATE SIGNED
SIGNATURE ( Carles ) (de		MEDICAL EXAMINER	11/30/66
EXAMINER'S Charles S. Petty		MEDICAL EXAMINER	11/30/00
BURIAL CREMATION, 23B. DATE 23C. MAME	OF CEMETERY OF CREMATORY	23D. LOCATION (City, town	, ar caunty) (Stote)
12-4-66 12- U-66 DUK	el Frence Con	a Haller Co	09
4A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGIS		RAL DIRECTOR	ADDRESS
DEC 5 1966 R But E. Fa	See Mill Earl	Melane cu	North au
/S 151-REV. 1/1/65			



IMPORTANT

DIRECTOR:

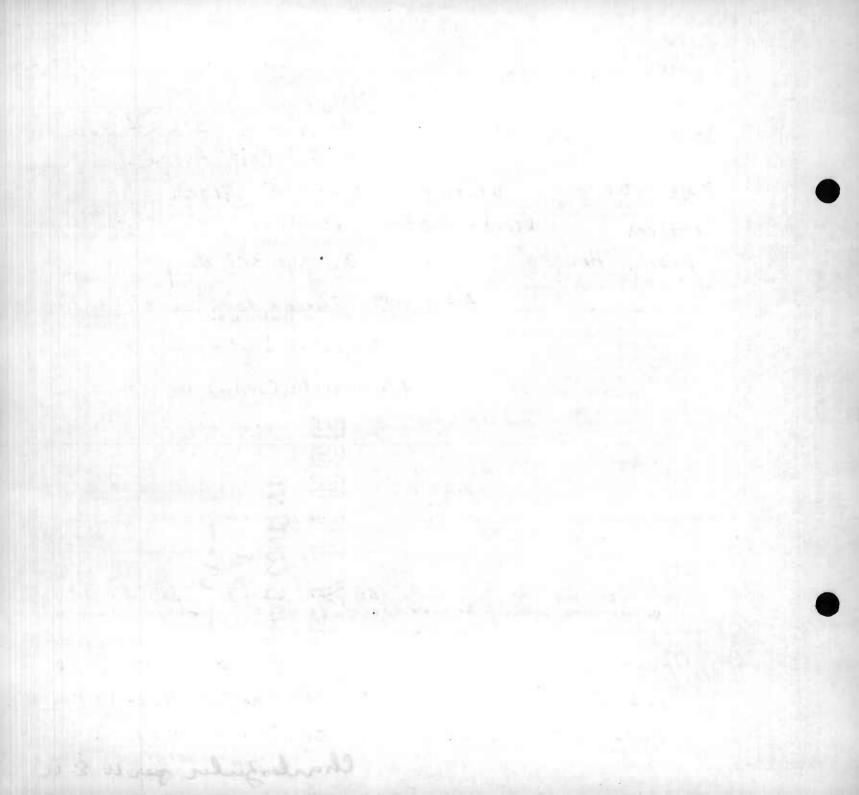
FUNERAL

VS 150-REV. 1/1/65

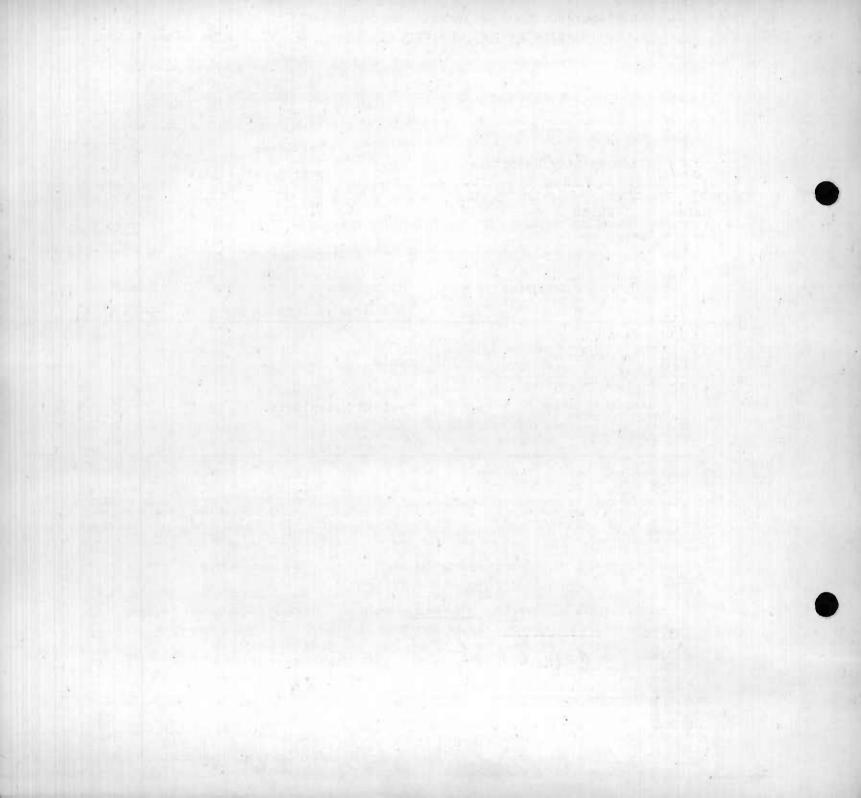
BALTIMORE CITY HEALTH DEPARTMENT

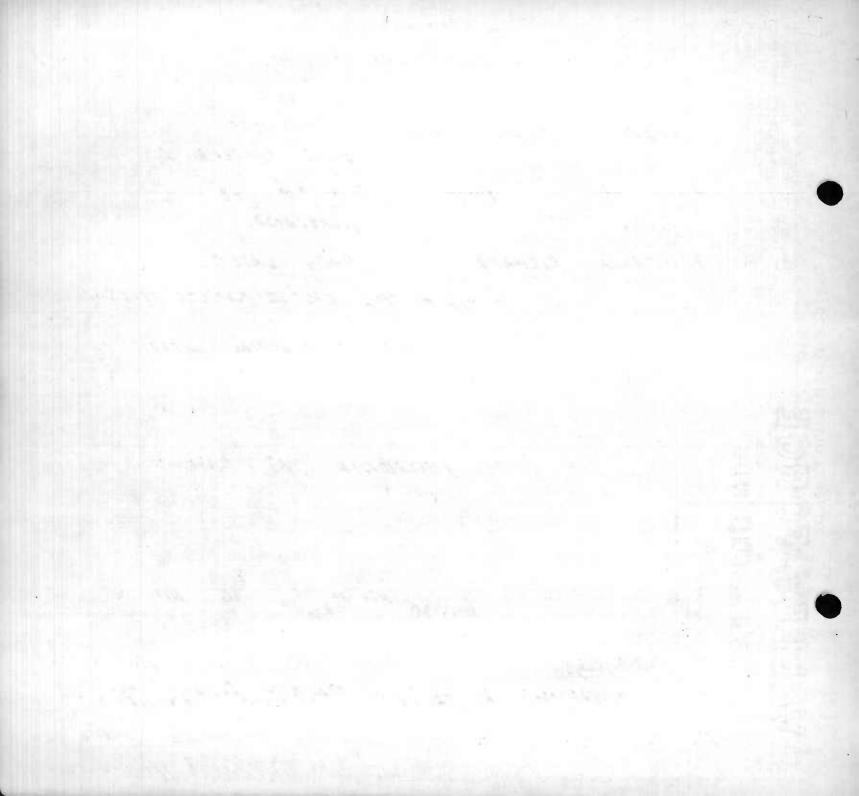
Domenico Cuntren Marin Cerano H

BALTIMORE CITY HEALTH DEPARTMENT

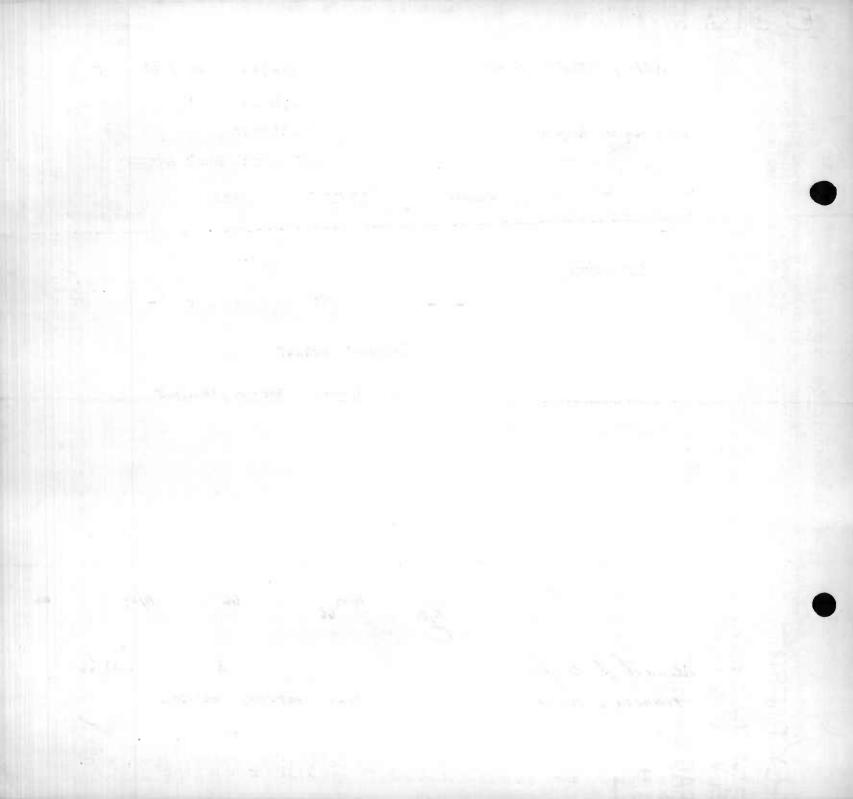


BIR	TH NO.	MED	ICAL EX	AMINER'S C	ERTIFICAT	E OF [	DEATH Registe	ered Na	
	E CASE NO.								
1. (Ty	Pe or Print)		Famlo				D HOUR PRONOUNC		
		WILMER		BLEACH			ember 1, 19		2:00 P M.
		IMORE, MARYLAND, W			A. STATE	ence (Where ryland	deceosed lived. If inst		e hefore odmission
HC	SPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW	VN (If outside	e corporote limits, write	RURAL ond g	ive township)
IN:	STITUTION				Ba1	ltimore		33.	00
	7 / Bal	Ltimore City	Hospital	S	D. STREET ADDR		give location)		
	31				290	1 Dung	low Road		
5.	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	1	9. AGE (In years	If Under 1 Y	fr. If Under 24 Hrs.
R	[ale	White	Marr	IVORCED(specify)	Feb. 27,	1001	lost birthdoyl	Months Doy	s   Hours   Min.
1				BUSINESS OR INDUSTR	YII. BIRTHPLACE (	State or foreign	65	12. CITIZEN C	OF
	e during most of v	vorking life, even if retired)						WHAT C	OUNTRY?
13	Timekeej		Steel		Marylai	nd		U.S	5.A.
		Bleach							
10		DIESCII	FORGECT	1/ 00 0141		Barber			
(Ye	s, no or unknown)	Of yes, give wor or dot	es of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No				Mrs. Flor	rence B	leach 2901	Dunglow	Road
	1B. 0 9	212		CAUSE	OF DEATH				TERVAL BETWEEN
	(This does n	SE OR CONDITION D LEADING TO DEATH not meon the mode of osthenio, etc. It meon nplicotion which coused	dvina e.a.	(A) Anemi	.a				
CERTIFICATION	DISEASES ( RISE TO TH UN DERLYIN	INTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S IG CONDITION LAST.  II  VIFICANT CONDITIONS	ANY, GIVING TATING THE	(C)	oid Metapl	lasia.			
TIFIC	TO THE DISEASE OF	DEATH BUT NOT RE	LATED TO TH	Ε	******************************				
	19A. DATE OF		IDITION FOR W	HICH OPERATION	20A. AUTOPSY?	(Yes or No)	20 B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONS SES OF DEATH	IDERED 1?
MEDICAL	21 A, EXTERNAL UNDERLYING DUTING CAU		21 B. P home, etc.)	LACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. Wolfice bldg., INJURY	HERE DID (OCCUR?	If in Boltimore City, gi	ve exoct locotic	on)
2	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea		E. INJURY OCCURRED  HILE AT NOT AT W	WHILE	DINI DID WO	IRY OCCUR?		
	22.	ify that I held an	nquiry 🗌		tapsy and	that on thi	s basis, death in m	ny apinlan	
	result	ted fram: Natural ca	uses X A	soldent Suicid	le Hamicia	de U	Indetermined manne	er	
		01	/	//_	CHIEF ME	EDICAL EX	AMINER	n	ATE CICNED
	SIGNAT		acles 1 /	all M.D	ASSISTANT ME	EDICAL EX	AMINER X		ATE SIGNED
U	EXAMIN	ED'S	O D	. 0	ASSOCIATE MI				12/2/66
	NAME (		es S. Pe						
	NOVAL (Specify		23C	. NAME of CEMETERY	CREMATORY	23 D. LO	OCATION (City,	, town, or count	y) (Stote)
	Birial	12/5/6	66 0	ardens of Fa	ith	Ove	erlea. Md.		
24/	A. DATE REC'D	BY HEALTH DEPT.		F REGISTRAR	24C. FUNERA		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	ADDI	RESS
			Ann d	5 8. Forley	Ullrich	Finera	al Home Dunc	dalk. Md	
1/15	1.61 BB14 1.61	DEC 5 195	0 (18 Just	2 C' Millian	21011	0 6		,	
V 5	151-REV. 1/1/6	00							



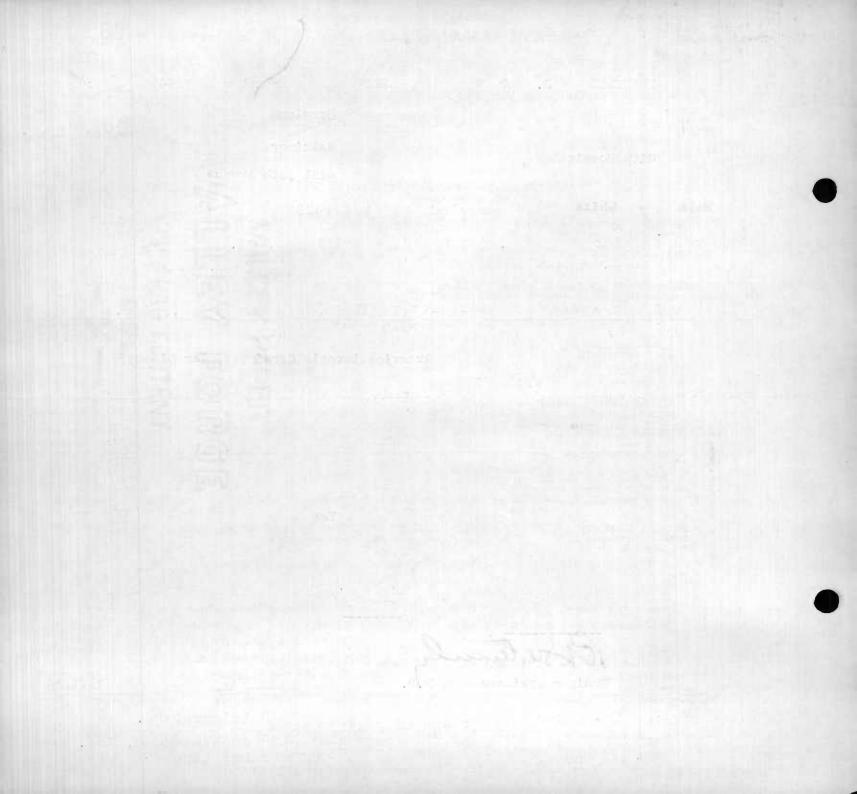


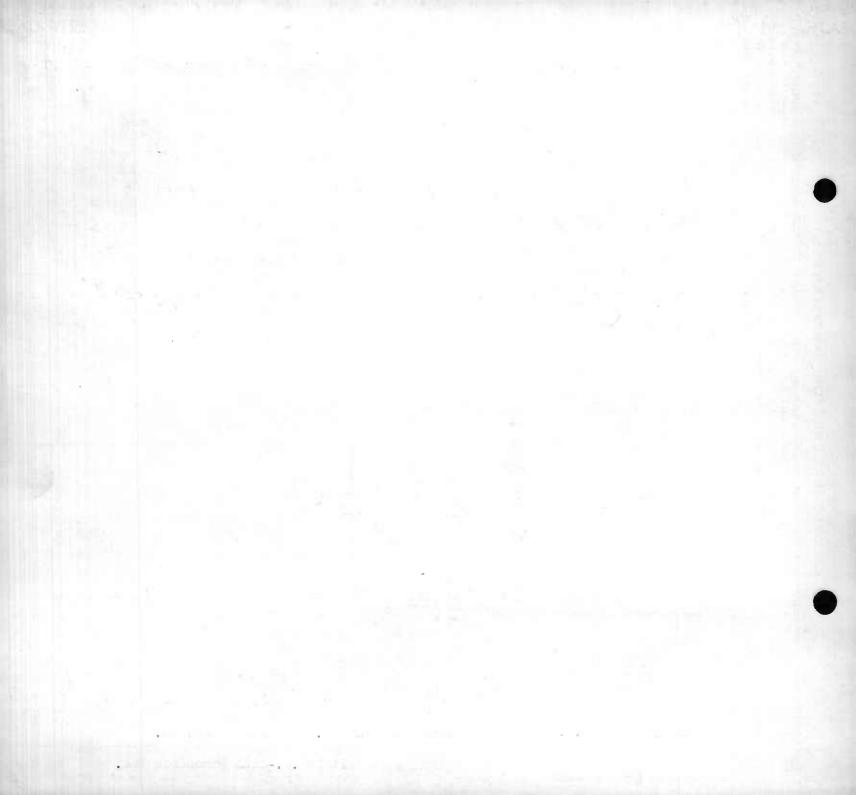
	66 10400	BALTIMORE CITY	HEALTH DEPARTMENT		00 10102
RTH NO.	66 12123	CERTIFICA	TE OF DEATH	Registered Na	. 66 12123
1. NAME OF DEC	CEASED or Katie		2. DATE A	ND HOUR OF DEATH	н
(Type or Print)	HEU FREET	ESPEY	11/24	ler we	.40 P
3. PLACE OF DE	ATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If	institution; residence before admission
FULL NAME (	OF (If not in bosnital a	or institution, give street	Maryla		
HOSPITAL OR			C. CITY OR TOWN (If o	utside city limits, write	RURAL and give township)
	Hopkins Hospital		Baltimo	ore	26-10
50.000			D. STREET ADDRESS (	f rural, give location)	
3.3			407 No:	rth East A	Avenue
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
F	W	WIDOWED	12/22/80	85	
	UPATION (Give kind of work f working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Char-we		Monumental Bus Co	Baltimore	e, Md.	MIAI COOMINI
13. FATHER'S NA			14. MOTHER'S MAIDEN NA	AME	
			111	alknown	
	irschman d Ever in U. S. Armed Ford	es? 16. SOCIAL			ADDRESS
(Yes, no or unknow	(If yes, give wor or dotes	s of service) SECURITY NO.	1509	Glen Keit	th Blvd., 21204
		219-18-1431	Muriel Voge	lsand, gran	nd-daughter
18.44 3	3.01	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY			ONSET AND DEATH
	LEADING TO DEATH	(A) CARL	HAC ARREST		
	not mean the mode of , osthenio, etc. II means	dying, e.g., DUE TO			
	mplication which coused	deoth.)			
	ANTECEDENT CAUSES	(B)	KNOWN) - ANE	MIA TAUNDIC	
DISEASES	OR CONDITIONS, if a			·	
	he obove couse (A)	stoting the (C)			
UNDEKLTIN	IG CONDITION lost.				
Z	II .	O NITRIDUTING			
V TO THE P	DEATH BUT NOT RELA	TED TO THE			
	F OPERATION 198, CON	I. DITION FOR WHICH OPERATION	20A ALLXOBEV2 (Vos. os. N	In 208 IE VEC WER	F PANDINGS CONSIDERED
19A. DATE O	WAS PERF		ZUM. AUTOPSTETIES OF F	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDE	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	yes	/II :- P-II:	City in the city is
OR CONTRIB	UTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II In politime	ore City, give exact facation)
0					
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX)		While At Not While Work At Work	е		
22 Leartify	v that (1) (this basnital)	ottended the deceased from	11/20	10 //	11/16 10//
		4/-	10/1/	, 17 <b>6</b> 14	11/29 1966
	) last saw the decease				pinion death occurred on the do
		ed obave. (I) (We) did (did nat) v	riew the bady ofter deoth	•	
23A. SIGNAT	URE	/			23B. DATE SIGNED
New	the of Such	M.D. Atte	s. Med. Director	Stoff Phys.	11/29/66
23C. PHYSICIA	AN'S Type		23D. ADDRESS		
	VETH L. BRIGHA	M.D.	JOHNS HOPKI	NS HOSPITA	4
	EMATION, 248, DATE	24C. NAME of CEMETERY at CRI			City, lawn, or county) (State)
REMOVAL	(Specify)				
Buria				altimore,	
25A. DATE REC'E	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS



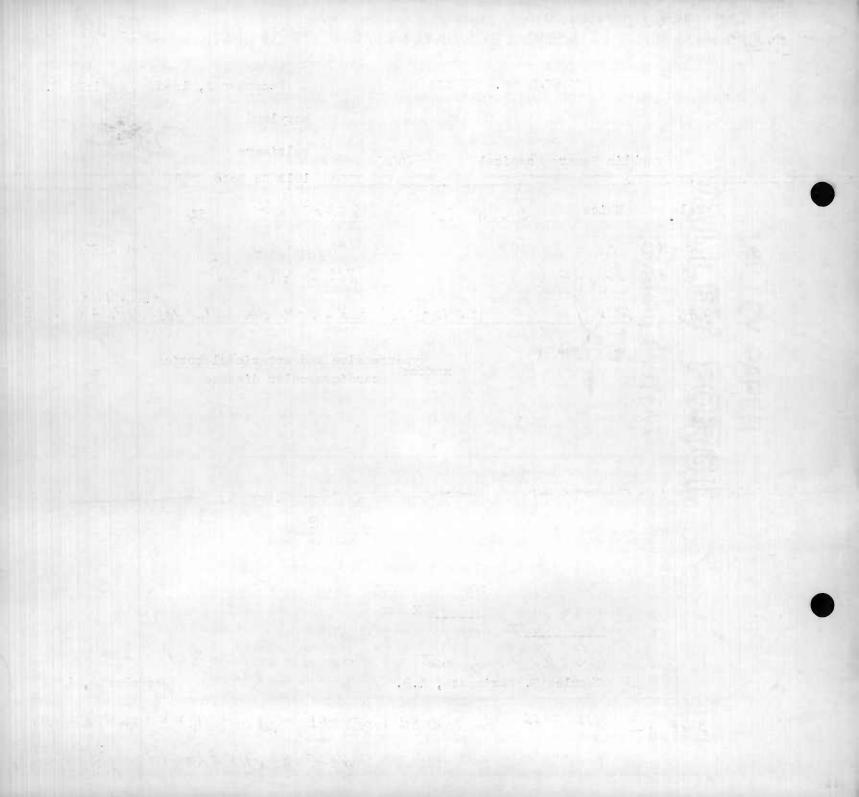
H 2 DEIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT X MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12124

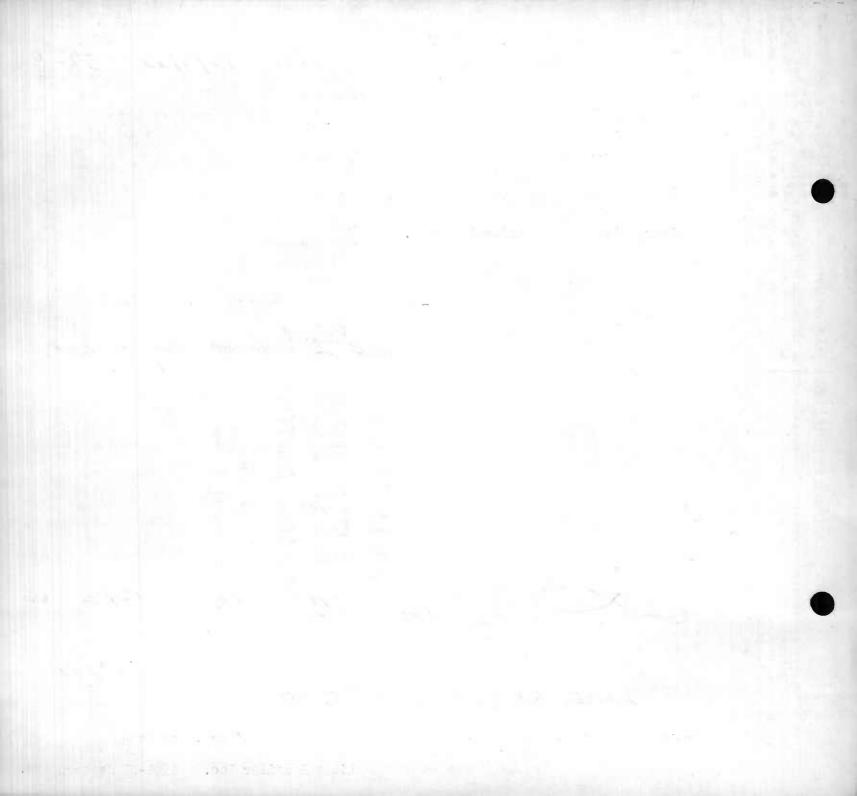
A.E. CASE						
NAME O	F DECEASED				2. DATE AND HOUR PRONOUNCE	
	FRANKLIN	Joseph	HAJ		November 30, 196	6 8:45 P A
. PLACE IN	BALTIMORE, MARYLAND, V	VHERE PRONOU	INCED DEAD		ENCE (Where deceased lived. If insti-	NTY
ULL NAME		TAL OR INSTITU	ITION, GIVE STREET		yland 21236 VN (If outside corporate limits, write	PUPAL and rive township
OSPITAL O		AIIONI		C. CITT OK TOV	viv tii ouiside corporate iimits, whie	NORAL OND GIVE IOWISHIP
	Odbo Hornital				imore	00-00
21	City Hospital				RESS (If rurol, give location)	
CEV	L. BA OF	17	ALEXCED AN ADDIED	The same of the sa	Soth Avenue	
. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTE	lost birthday)	If Under 1 Yr. If Under 24 H Manths Days Haurs Min
Male	White		arried	1/8/192	_	
	OCCUPATION (Give kind of wo ost of working lite, even if retired)		BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreign country!	12. CITIZEN OF WHAT COUNTRY?
Mail	Carrier		ost Office	Baltim	ore, Md.	
3. FATH ER'S		1		14. MOTHER'S M	AIDEN NAME	
	Joseph Haje	K			Anna Cherney	
	CEASED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
VE	3.0		18-18-2547	Elsie P	ridgeon Hajek,	wife a hour
18. / /	0 0 1	2.		OF DEATH	rageon najek,	INTERVAL BETWEEN
7	X X / / I		CAOSE	OI DEATH		ONSET AND DEAT
	SEASE OR CONDITION D	HECTLY	A 4 3	1	Gamiliana Di	
(This	does not mean the mode of	f dying, e.g.,	DUE TO	oscierocio	Cardiovascular Di	sease
injury	foilure, asthenio, etc. It mean or camplication which caused	deoth.l				
	ANTECEDENT CAUS	E C				
DISEA	SES OR CONDITIONS, IF		(B)DUE TO			
RISE T	O THE ABOVE CAUSE (A) SERLYING CONDITION LAST.	STATING THE	501 10			
Z	ALTINO CONDITION LASI.		(C)			
2	ll l		44 1 44-			
	R SIGNIFICANT CONDITIONS					
	THE DEATH BUT NOT R		HE	***************************************		
19A. DA			WHICH OPERATION	20 A. AUTOPSY	? (Yes or No) 20B, IF YES, WERE FIN	
3 2	WAS PE	RFORMED		Yes	IN CERTIFYING CAUS	Yes
	ERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., farm, foctory, street,	in ar about 21C. W	HERE DID (If in Boltimore City, giv	re exoct location)
UTING	CAUSE OF DEATH.	etc.)	, tann, tociary, sneet,	Tince orago, INJOKI	OCCOK:	
Z 21 D TIN	IE (Month) (Doy) (Ye	or) (Hour) 2	E. INJURY OCCURRED	21 F. H.C	OW DID INJURY OCCUR?	
OF INJU	RY		HILE AT NOT	WHILE		
22.		m. W	VORK AT W	ORK		
	certify that I held on	Inquiry 🗌	Inspection Au	opsy X one	that on this bosis, death in m	y opinion
	resulted from: Notural co	ouses X A	ccident Suicid	e Homici	de Undetermined monne	· -
	1/5/	7			EDICAL EXAMINER	
AC	TUAL /	note.	4.1.			DATE SIGNED
	NATURE /	) us un	M.D		EDICAL EXAMINER X	
	AMINER'S ME (Type) Rudiger	Breiten	ecker, M/D.	ASSUCIATE M	EDICAL EXAMINER	12/1/66
	CREMATION, 23B. DATE	230	C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City,	tawn, or countyl (Stotel
EMOVAL (	rial 12/5	166	Cardona		Baltimore. M	Md.
	REC'D BY HEALTH DEPT.		Gardens of OF REGISTRAR	Faith Co	AL DIRECTOR	ADDRESS
				Schi	munek Funeral He	ome, Inc.
	DEC 5 1966 ()	Coleres E	. Farley Mill	33	31 Brehms Lane	K-STEP TO THE
/S 151-REV.	-	38	6 6 1	0101	11 9	



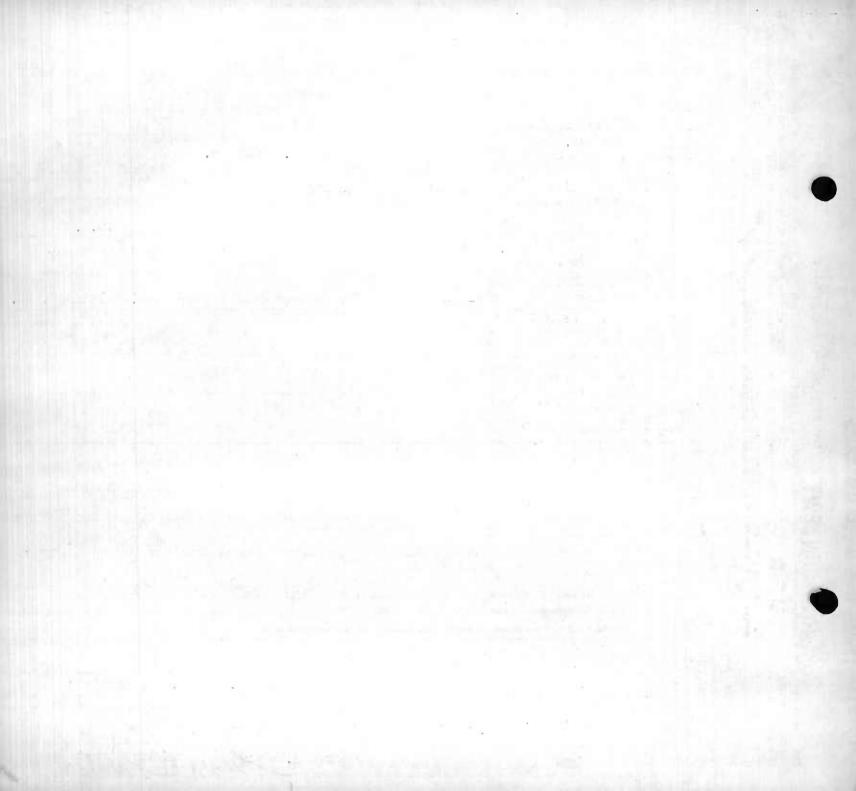


1	66 12126 BALTIMORE CITY HEALTH DEPARTMENT 66 12126						
5-360	BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 12126						
) ) 00	M.E. CASE NO.						
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD						
	STANLEY F. SOUDER  December 3, 1966  1:35 P. M.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)						
	A. STATE B. COUNTY						
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  INSTITUTION  Maryland  C. CITY OR TOWN (If outside corporate limits, and RURAL and give to Wiship)						
	Franklin Square Hospital (DOA)  D. STREET ADDRESS (If rurol, give locotion)						
	1013 De Soto Road						
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.						
	Male White $D/VORCED$ $6-26-1912$ $524$						
	IDA USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?  CHAUFER  TRUCK  MARYLAND  13. FATHER'S NAME						
	JOHN SOUDER ROSE ARNOLD						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 2. 12. 12. 14. 17.						
	YES WWII 216-32-5715 ELEANCR DANIEL 102 POPLAR AVE						
	CAUSE OF DEATH INTERVAL BETWEEN						
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH (A) Hypertensive and arteriosclerotic						
	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  **Cardiovascular disease**  **Cardiovascular disease**						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
	CC)						
	III OHER SIGNIFICANT CONDITIONS CONTINUOTHO						
	DISEASE OF CONTROL CALIFORNIA IT						
	199. DISEASE OR CONDITION CAUSING IT.  199. CONDITION FOR WHICH OPERATION NO 100. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	✓ 21A. EXTERNAL CAUSE WAS     O UNDERLYING OR CONTRIB-    O UNDERLYING OR CONTRI						
	UTING CAUSE OF DEATH.						
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	(APPROX.)  MHILE AT NOT WHILE AT WORK						
	22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion						
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined monner						
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED						
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER						
	EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER December 4, 1966						
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)						
	BURIAL 12-7-66 BALTIMORE IVATIONAL CIM. BALTIMORE, MARYLAND.						
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS						
	DEC 5 1966 Proces & Falley MA WALTERS FUNERAL HOME STRICKERST						
	VS 151-REV. 1/1/65						





S. Ec Usuawa the property of the state of th the 1988 start Lade & Strongers - - -



66 12130 BALTIMORE CITY HEAL	
	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)  ROSE  GOAR	December 3, 1966 4:45 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissia A. STATE  Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Church Home and Hospital (DOA)	D. STREET ADDRESS (If rurol, give locotion)  247 N. Spring Court
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hr   Inst birth day   Manths   Days   Haurs   Min.
Female Negro Willow	6-17-1402 64
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	north Canolina WHAT COUNTRY
13. FATHER'S NAME	Benella Beach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
149	Charles you 421 Chapel &
18. 4 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
This does not more the made of dies of	rdiac tamponade
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	otured myocardial infarct
ANTECEDENT CAUSES Due to: Art	teriosclerotic heart disease
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
2	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.    home, form, foctory, street, of etc.	ffice bldg. INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT.	21F, HOW DID INJURY OCCUR?
	CTIAL
	opsy X ond that on this bosis, death in my opinion
resulted from: Notural causes X Accident Suicide	
ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MANY M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER December 4, 1966
23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	r CREMATORY 23D. LOCATION (City, town, or county) (State)
Buriel 12 - 8-66 Int Calma 24A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
DEC 5 1966 Relate & Fallenia	Elion Blood One Work Alexander
VS 151-REV, 1/1/65	To form to for survivery as

muld 12-400 movemental

5	ORTIFIC	ATE OF DEATH Registered No. 66 12131
5	N.E. CASE NO.  NAME OF DECEASED MARIE NELSON  Type or Print Day 10	2. DATE AND HOUR OF DEATH  12 - 2 - 66   4:20 P.
13	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
١	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
K	LUTHERAN HOSPITAL OF MARYLAN	D. STREET ADDRESS (If rurol, give location)
1	SEX 6. RACE 7. MARRIED, NEVER MARRIED	
	FEMALE NEGRO WIDOWED, DIVORCED (specify)	11-8-09 lost birthdoyl Manths Doys Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST Jone during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
Ī	3. FATHERS NAME  ADTHUR   FULLS	SARAL COLLINS
1 (	75. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
-	No 216 10 627	3 FRANK B. NELSON 1715 MORELAND A
	DISEASE OR CONDITION DIRECTLY	OF DEATH  ONSET AND DEATH  ONSET AND DEATH
	LEADING TO DEATH  (This does not meon the made al dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease,	N -
	injury ar camplication which caused death.)  ANTECEDENT CAUSES (8)	Agperlension.
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the (C)	
	UNDERLYING CONDITION last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B, PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
į	DEATH (notify medical examiner) etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED  While At Not W	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not Work	tk
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on	19 66 to 2 = 19 66 2 19 66 ond that in(my) (our) opinion death occurred on the dat
	and haur one from the couses stoted obave. (1) (We) (did) (did nat	
	23A. SIGNATURE C. Willy aplum M.D.	Med. Sloff Phys. Director Phys.
	23C. PHYSICIAN'S NAME (Type) LUCAS C. VIDHYAPHUM M.	23D. ADDRESS A Magnific A Marsha A
122	REMOVAL (Specify)	en. Ph afrating Ray (Stote)
ALM.	DEC 5 1966 DEC 5 1966 DEC 5	25C. EUNERAL DIRECTOR LOCKS J304 N. COM
-	\$ 150-REV. 1/1/65	

TATO TO TE OF DEATH

33/3/21

occurred

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

Corray throndon JUDUER MEERES NEED RELAIR RD HE IMPORTANT DIRECTOR: FUNERAL to the hospital e approved was released

BALTIMORE CITY HEALTH DEPARTMENT 66 12133 Registered No. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) OG6 and that in(my) ( opinion death occurred on the date 23B. DATE SIGNED ADDRESS

. 9. 2... 2 and provide the The state of the s المساور السارف والله الاوساء

IMPORTANI

DIRECTOR:

FUNERAL

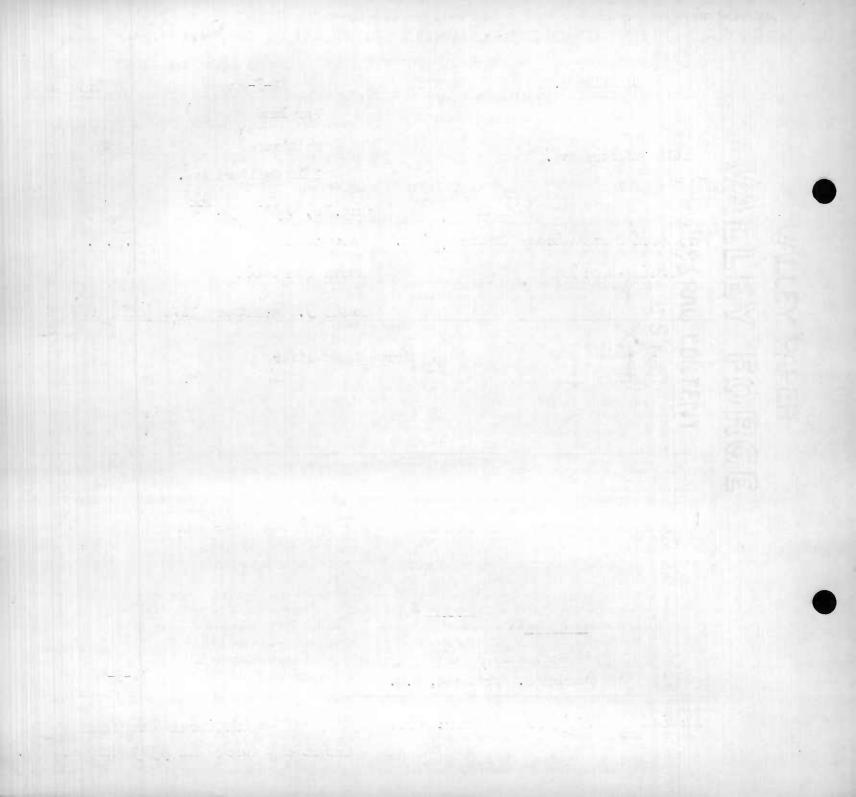
Registered Na. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before (If outside city limits, write RURAL and give township) 2905 HALLYON 9. AGE (In years If Under 1 Yr. Months! Doys If Under 24 Hrs. lost birthdoy 73 Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA ELIZABETH REIFSNIDER Mrs Angela Frangs INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21F. HOW OID INJURY OCCUR? and that in (my) (our) aplaion death accurred on the date 23 B. DATE SIGNED (City, town, or county) Baltimore. Md. Leonard J. Ruck. Inc. Balto. Md. 21214 VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

THE WALL PROPERTY HEROTHER 2005 Howyon Ave. thouse thouse Houses 73 MINON BURNOUTH RETESATIONS BUTTER THRIO LIMITERERM UNEN Charge "9511 Right Ro 16 Turner Lana CONSTRUE HEART FAIRER ASHB. None None 4 Nous 12-2- 11-26 12-3 Jeff Parker N 12-5-66 The course Memorine pay live A PART OF THE PART OF

MATERIAL PROPERTY OF THE PARTY OF THE PARTY

WRTH NO.	MEL	ICAL EX	AMINER 3 C	EKTIFICA	IE OF DEATH Keg	stered Na.
M.E. CASE NO.						
1. NAME OF DE	CEASED				2. DATE AND HOUR PRONOL	INCED DEAD
trype of thin	CAROLINE A.		BUEHLER		12-3-66	1 11:30 a M
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESI	DENCE (Where deceased lived, If	institution: residence before admission)
				M. SIAIE	laryland	COUNTY
FULL NAME OF	ADDRESS OR LOC	ATION)	UTION, GIVE STREET		OWN (If outside corporate limits,	write RURAL and give township)
NOITUTITZN				B	altimore	12-02
2816	Guilford Ave.				ORESS (If rural, give location)	
00				2	816 Guilford Ave.	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIR		
F	W	( . /	DIVORCED(specify)	1. 36		Months Doys Hours Min.
IOA IISIIAI OCC	TIPATION (Give kind of we	JUNE WINE O	E BUSINESS OR INDUSTR	HUG. 20	(State or foreign country)	12. CITIZEN OF
don's during most of	working life, even if retired)	-	0 1 1. 1	100	1	WHAT COUNTRY?
12 SONE		المال عالما	ate Of Md.	1	and MAIDEN NAME	U.J.71.
,	. 0 11			Λ	17 /.	
Lou					Voegtlin	
	ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Louis	7. Buehler 28	16 Guilford Ave
1В.	310		CAUS	OF DEATH	J. 200000 20	INTERVAL BETWEEN
Dice	1,0			144		ONSET AND DEATH
DISEA	SE OR CONDITION DEAT		Cirr	hosis of	liver	
(This does	not mean the made of	dying e.g.,	DUE TO			
injury or co	emplication which caused	deoth.)				
	ANTECEDENT · CAUS	= ¢				
	OR CONDITIONS, IF		(B)			
RISE TO TI	HE ABOVE CAUSE (A)	STATING THE	501.10			
	NO CONDINON EASI.		(C)			
2	- 11					
OTHER SIC	CHIFICANT CONDITIONS					
E DISEASE O	DEATH BUT NOT R		Ht			
OTHER SIGNATE OF THE DISEASE OF THE	F OPERATION 198, CO		WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 208, IF YES, WER	
00	WAS PE	RFORMED		1	No IN CERTIFYING C	CAUSES OF DEATH?
21A. EXTERNA	AL CAUSE WAS			in or obout 21C.	WHERE DID (If in Boltimore Cit	y, give exact location)
	OR CONTRIB- USE OF DEATH.	etc.)	e, form, foctory, street,	omce bidg., INJUI	KY OCCUR?	
E 21 D TIME	(Month) (Doy) (Ye	or) (Hour) [2	TE. INJURY OCCURRED	215 6	TOW DID INJURY OCCUR?	
OF INJURY	treating (boy) (re			WHILE	TO W DID HITOKI OCCOR.	
		m.	WORK AT W	ORK		
22.	rtify that I held an	Inquiry 🗌	Inspection X Au	tapsy a	nd that an this basis, death	In my opinian
	Ited fram: Natural c	7570	Accident Suicio		ide Undetermined m	
1650	Autorar C	0	C - Joicie			Jilliet 🗔
ACTUA	1 /0.0	2.	13-0		MEDICAL EXAMINER	DATE SIGNED
SIGNAT		70 .0	M.D		MEDICAL EXAMINER X	20 0 11
EXAM! NAME	(Type)	s S. Spi	ringate, M.D.	ASSOCIATE	MEDICAL EXAMINER	12-3-66
23A, BURIAL CR REMOVAL (Speci		23	C. NAME of CEMETERY	OF CREMATORY	23D. LOCATION (	City, town, or county) (State)
Buria	1 17/1	166	Conusalom		Baltiman	e Maruland
	BY HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR	Ø ADDRESS
			07.0	Leon	ard & Ruck Inc	: 5305 Harford Ra
	DEC 5 1968	P. O.s. 1	5.8, Falleyma	00		0
VS 151-REV. 1/1	/65	1		- 0	3	



	E CASE NO.	CEASED	WINEALA	٠,٨			2 DATE AND	HOUR PRONOUNCE	ED DEAD		
(Ty	ne or Print)	<b>THEODERA</b>			CAMPBELL		12-2-		ואס סנאט	8.00	D
3. 1					UNCED DEAD	4. USUAL RESID		ceosed lived. If insti B. COU	itution: resid	ence befare a	dmission
FU	LL NAME OF	(IF NOT	IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Ma	ryland				
INS	SPITAL OR TITUTION		OR LOCA	(TION)		Ва	ltimore	carparate limits, write	- O	d give lawnsh	nip)
	2032 F	layfield	Ave.			D. STREET ADDR	32 Mayfi				
5. 9	EX	6. RACE			, NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Unde	r 24 Hrs
	F	W			dowed	December	2. 1903.	last birthdoyl	Months	Days , Haurs	Min.
10A	. USUAL OCC	UPATION (Give	kind of work	TOB, KIND O	F BUSINESS OR INDUSTRY				12. CITIZE	N OF COUNTRY?	-
	during model			Dru	g Store		Maryland		Wilai	USA	
13.	FATHER'S NAA		mas B	. Fowle	r. Sr.	14. MOTHER'S M.		lary Louise	?		
15.	WAS DECEASE				16. SO CIAL	17. INFORMANT	- 11	ary ~ourse	ADDRESS		
	No or unknawn				SECURITY NO. 218-05-2361		h T Sal	ulz,4223 S	37 11	ra #26	
	1B.					OF DEATH	TI TI OGII	ulz, they b		INTERVAL BE	TWEEN
		mplication which	ch caused (								
NOIL	DISEASES RISE TO TH	mplication which	CAUSES ONS, IF A	MY, GIVING	(B)						
TIFICATION	DISEASES RISE TO THE UN DERLYIF  OTHER SIG TO THE DISEASE O	ANTECEDENT OR CONDITI IE ABOVE CA NG CONDITI III NIFICANT CO DEATH BUT IR CONDITION	CAUSES ONS, IF A USE (A) ST ON LAST.  NDITIONS NOT REL	CONTRIBUTI	NG THE						
CERTIFIC	OTHER SIG	ANTECEDENT OR CONDITI LE ABOVE CA NG CONDITI UNIFICANT CO DEATH BUT R CONDITION	CAUSES ONS, IF A USE (A) ST ON LAST.  NOT REL CAUSING  19B. CON WAS PERF	S NY, GIVING THE CONTRIBUTI.  ATED TO IT.  DITION FOR FORMED	NG THE WHICH OPERATION	No	IN	B. IF YES, WERE FIN CERTIFYING CAUS	ES OF DEA	ATH?	
EDICAL CERTIFIC	DISEASES RISE TO THE UN DERLYIF  OTHER SIG TO THE DISEASE O	ANTECEDENT OR CONDITI IE ABOVE CA NG CONDITI III NIFICANT CO DEATH BUT OR CONDITION	CAUSES ONS, IF A USE (A) ST ON LAST.  NOT REL CAUSING 19B. CON WAS PERF	S NY, GIVING IATING THE CONTRIBUTI ATED TO 1 IT. DITION FOR	NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., form, factory, street, a	No	HERE DID (If	CERTIFYING CAUS	ES OF DEA	ATH?	
CAL CERTIFIC	OTHER SIG TO THE DISEASE OF THE DISE	ANTECEDENT OR CONDITI LE ABOVE CA NG CONDITI III NIFICANT CO DEATH BUT R CONDITION F OPERATION  LL CAUSE WA DISE OF DEATH	CAUSES ONS, IF A USE (A) ST ON LAST.  NOT REL CAUSING 19B. CON WAS PERF	CONTRIBUTI  ATED TO TELL  IT.  21B.  hame etc.  (Hour)	NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., in factory, street, on the street).	No in or about 21C. W ffice bldg, INJURY	HERE DID (If	CERTIFYING CAUS	ES OF DEA	ATH?	
EDICAL CERTIFIC	OTHER SIG TO THE DISEASE OF THE DISE	ANTECEDENT OR CONDITI LE ABOVE CA NG CONDITI III NIFICANT CO DEATH BUT R CONDITION F OPERATION  LL CAUSE WA DISE OF DEATH	CAUSES ONS, IF A USE (A) ST ON LAST.  NOT REL CAUSING  19B. CON WAS PERF	CONTRIBUTI  ATED TO  IT.  DITION FOR FORMED  218. hammelec.  (Hour)	CO	No in or about 21C. White bldg., INJURY  21F. HC	WHERE DID (III) OCCUR?	CERTIFYING CAUS	SES OF DEA	ATH?	
EDICAL CERTIFIC	OTHER SIG TO THE DISEASE OF THE DISE	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OR CONDITION OF CONDITION OF CONTRIBUTE OR CONTRIBUTE (Manth) (D  tify that I he  lted from: N	CAUSES ONS, IF A USE (A) ST ON LAST.  NOT REL CAUSING  19B. CON WAS PERF	CONTRIBUTI  ATED TO  IT.  DITION FOR FORMED  218. hammelec.  (Hour)	NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., in the form) of actory, street, and actory in the form of the form	No in or about 21C. W ffice bldg., INJURY  21F. HC  WHILE ORK  apsy and	THERE DID (If in the control of the	CERTIFYING CAUS in Baltimore City, giv OCCUR? basis, death in m determined manne	ve exact loc	DATE SIG	SNED
MEDICAL CERTIFIC	DISEASES RISE TO TH UNDERLYIN  OTHER SIG TO THE DISEASE OF  19A. DATE OF  21A. EXTERNA UNDERLYING UTING CAU  21D TIME OF INJURY (APPROX.)  22.  I cert resul  ACTUA SIGNAT EXAMIN NAME (	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OF OPERATION  ANTECEDENT OR CONDITION OF OPERATION OR CONTRIB OR CO	CAUSES ONS, IF A USE (A) ST ON LAST.  NOT REL I CAUSING I CAUSING I WAS PERF	CONTRIBUTI ATED TO THE LATED TO	NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., form, factory, street, or the factory)  PLE. INJURY OCCURRED  WHILE AT NOT WORK  Inspection  Accident Suicide  M.D.  Ingate, M.D.	No in or about 21C. Weffice bldg, INJURY  21F. HO WHILE ORK  apsy and Hamicia CHIEF MI ASSISTANT MI ASSOCIATE M	THERE DID (If in OCCUR?  That an this in the Unception of the Unception of the Edical Example of the Edical Ex	CERTIFYING CAUS in Baltimore City, giv  OCCUR?  basis, death in m determined manne MINER  MINER  MINER  MINER  MINER	ve exact loc	DATE SIG	
MEDICAL CERTIFIC	DISEASES RISE TO TH UN DERLYIF  OTHER SIG TO THE DISEASE OF  19A. DATE OF  21A. EXTERNA UNDERLYING UTING CAU  21D TIME OF INJURY (APPROX.)  22.  I cer- resul  ACTUA! SIGNAT EXAMIN	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OF OPERATION  AL CAUSE WAS OF DEATH OR CONTRIB USE OF DEATH OF THE CONDITION OF THE CONTRIB OR CONTR	CAUSES ONS, IF A USE (A) ST ON LAST.  NOT REL CAUSING 19B. CON WAS PERF	CONTRIBUTI ATED TO (IT. DITTON FOR CHOURT  (Hour)  S. Spri	WHICH OPERATION  PLACE OF INJURY (e.g., a farm, factory, street, a while at Not work Action Suicide  M.D.  M.D.	No in or about 21C. Weffice bldg, INJURY  21F. HO WHILE ORK  apsy and Hamici CHIEF MI ASSISTANT ME ASSOCIATE MI CREMATORY	that an this de Unceptical EXAMEDICAL EXAMED	CERTIFYING CAUS in Baltimore City, giv  OCCUR?  basis, death in m determined manne MINER  MINER  MINER  MINER  MINER	ye exact locally opinion  12-	DATE SIG	SNED Stote)
MEDICAL CERTIFIC	DISEASES RISE TO TH UNDERLYIF  OTHER SIG TO THE DISEASE OF  19A. DATE OF  21A. EXTERNA UNDERLYING UTING CAU UNDERLYING UTING CAU SIGNAT EXAMIN NAME ( BURIAL CRE AOYAL (Specifi	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OF OPERATION  ALCAUSE WAS OR CONTRIBUTE OF DEATH	CAUSES ONS, IF A USE (A) ST ON LAST.  NOT REL CAUSING 19B. CON WAS PERF  Pooy) (Year)  Pooy) (Year)  Pooyle (A)  P	CONTRIBUTION FOR FORMED  218. hameetc.)  10. (Hour)  228. NAME	NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., ie, farm, factory, street, or inspection)  Inspection  Month Accident Suicide  Month Accident Suicide  Month Accident Month Month Accident Month Month Accident Month	No in or about 21C. We ffice bidg., INJURY  21F. HO WHILE  apsy and CHIEF MI ASSISTANT ME ASSOCIATE M  CREMATORY  CIAL CEMET	that an this de Unceptical EXAMEDICAL EXAMED	CERTIFYING CAUS  in Baltimore City, giv  OCCUR?  basis, death in m  determined manne  MINER   MINER   MINER   MINER   CATION (City,	town, or co	DATE SIG	Stote)

2 ... ...

All Accepted - To content Takens Institute

Width the latter had their the beauty

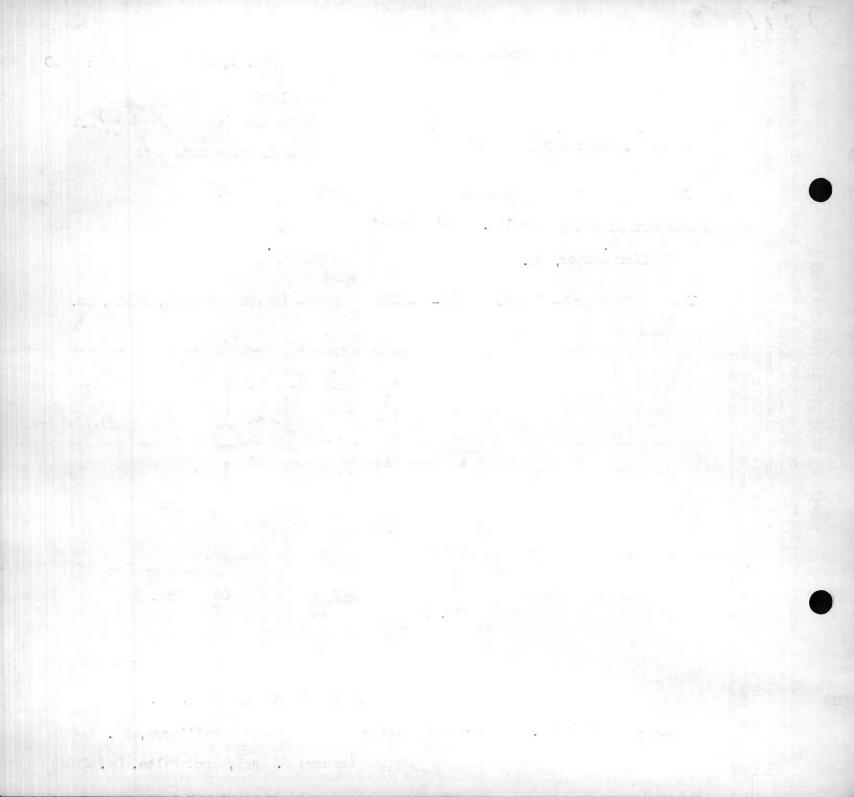
192

E-263 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12137

M.E. CASE NO.		WWW TENCO C					
1. NAME OF DECEASED (Type or Print)				2. DATE AND	HOUR PRONOUNC	ED DEAD	
	IN J. E	CKHARDT		Decer	mber 4, 196	6	2:51 A.M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESI	DÉNCE (Where	deceosed lived. If ins	titution: resid	dence befare admission)
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		Maryland			
HOSPITAL OR ADDRESS OR LOCA	TION)		C. CITY OR TO	WN Of outside	carporate limits, writ	e RURAL or	nd give township)
44				Baltimor	e #6	06-6	9-
ag Union Memorial Hosp	pital	(DOA)	D. STREET ADI	DRESS (If rurol,	give lacotion)		
		(5 522)			ankford Ave		
5. SEX 6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIR	тн	9. AGE (In years last birthday)		1 Yr. If Under 24 Hrs. Days : Haurs , Min.
Male White	20.00	rried	Aug. 2,	1914.	52 38		
10A, USUAL OCCUPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY			n country)	12. CITIZI	EN OF T_ÇOUNTRY?
done during most of working life, even if retired)  Feederman	Crown C	Cork & Seal	Ma	ryland		WITA	USA
13. FATHER'S NAME			14. MOTHER'S				
Alvin J.	Eckhard	it, Sr.			Unknown		
15. WAS DECEASED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes, no orunknown) (If yes, give wor ar date	s at service)	215-09-4964	Mrs Be	atrice F	ckhartdt	(5	eme)
11B.				a critice i	CKITAI CU C	100	INTERVAL BETWEEN
420.01		CAUSE	OF DEATH				ONSET AND DEATH
DISEASE OR CONDITION DIE							
(This does not meon the mode of	dying, e.g.,	(A) Arter	iosclerot	ic heart	disease		
heart failure, asthenia, etc. It means injury or complication which caused of	ine disease.						
ANTEGERAL CAUSE	RIGHT'S						
DISEASES OR CONDITIONS, IF A		(B)					
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.		DOE 10					
		(C)					. m. alad. alad
<u> </u>							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL							
DISEASE OR CONDITION CAUSING							
OF THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERI		WHICH OPERATION	20A. AUTOPS		20 B. IF YES, WERE F		
			No				
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. home	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21 C. office bldg., INJU	WHERE DID (	If in Baltimare City, g	ive exoct lo	ication)
UTING CAUSE OF DEATH.	etc.)						
2 D IIIVIE (Month) (Doy) (leaf	) (Hour) 2	1E. INJURY OCCURRED	21F. H	HOW DID INJU	IRY OCCUR?		
OF INJURY (APPROX.)	v	WHILE AT NOT	WHILE				
22.	Pro-7				T-12		
I certify that I held an li	nquiry			nd that on thi	s basis, deoth in	my opinior	1
rosulted from: Natural cou	uses X A	Accident Suicid			Indetermined mann	er	
00	1 0	1		MEDICAL EX			DATE SIGNED
SIGNATURE Charl	27.	Jo gal M.D	ASSISTANT	MEDICAL EX	AMINER X		
	S. Spri	ingate, M.D.	ASSOCIATE	MEDICAL EX	(AMINER	)ecemb	er 4, 19 <b>6</b> 6
23A. BURIAL CREMATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. Lo	OCATION (City	, town, ar c	county) (State)
Burial 12/7/6	56. F	Holy Redeemer	Cemetery	F	altimore,	Md.	
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR	CT OTHOLE		DDRESS
					ok The Ba		
DEC 5 1966 (	12.0.15	2. Fallina	7	Taro in	ick Inc. Ba	T CO . I'll	u. 21214
VS 151-REV. 1/1/65							1

The transfer of the second market . I stella ee, . I . 

	66 12138			HEALTH DEPARTMEN		66 12138
BIRTH NO.		)	CERTIFICA	TE OF DEAT	H Registered No	. 60 12100
Type or Print)	CEASED	Commoli	T	2. DA1	E AND HOUR OF DEATH	1
	Charles		Jasper	I	Dec. 3, 1966	8: 10 A
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A. STATE B. (	(Where deceased lived. If	institution: residence before admissi
FULL NAME	OF (If not in hospital	or institution.	give street	Maryla	and	
HOSPITAL OF		n)	g. To dilicon	C. CITY OR TOWN	(If autside city limits, write	RURAL and give lawnship)
ath.	blic Health Se	ervice H	lospital	Baltin	nore #14	97-02
	Pk. Drive & 3			D. STREET ADDRESS 2804 H	(If rurol, give location)  C. Coldspring	Lane
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Months Days Hours Min
М	W	Sing	D, DIVORCED (specify)	5/1/41	lost birthdoys	Widnin's Day's Hours Will
	CUPATION (Give kind of war				r lareign cauntry)	12. CITIZEN OF
Recreati	of working lile, even if retired) on Director	Balto.	County School			WHAT COUNTRY?
3. FATHER'S N.	AME E.			14. MOTHER'S MAIDEN	NAME	
Wil	liam Jasper,	Jr.		Violet	Ayd	
. Was Deceas	ed Ever in U. S. Armed Fo wn) (If yes, give war ar date	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
-		_	SECURITY NO.	December III	DIC Hearitel	Dolla Ma
Yes	USMC 1961-	Z WKS.	213-38-9175		PHS Hospital	
18. 20	/ X I		CAUSE O	F DEATH	1	ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	6	to On I i	Proht line	dun
(This does	not meon the mode of	dying, e.g.,	DUE TO	wigsis (	radia hand	ange
heart failur	e, osthenio, etc. It meons	s the diseose,	00	0 01	10	00
injuly of C	ANTECEDENT CAUSES		(B) Pl	mal left	using	dage
	OR CONDITIONS, if		DUE TO	latin de	ing inoln	my math
	the obove couse (A) NG CONDITION lost,	slaling ine	071108	2 2/10	+0000	) ////
	11		munge	1 moure	1 Ougar	
OTHER SIG	NIFICANT CONDITIONS			11,000		
	DEATH BUT NOT REL		E	nung		
	OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED
21 A. ACCIE	ENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., i			ore City, give exact location)
OR CONTRI	BUTING CAUSE OF		e, larm, factory, street, o	fice bldg., INJURY OCCL	J R?	
)				215		
21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED  ile At  Not While		D INJURY OCCUR?	
(APPROX.)		w.		e 🗌		
22. I certi	fy that (1)/(this hospita	I) ottended t	he deceased from	Dec. 2	19 66 to De	c. 3
that (K (w	e) lost sow the deceos	ed olive on	Dec. 3		nd that in (n/v) (our) or	pinion death occurred on the
'						
23A. SIGNA	and from the couses sto	rea obove.//	(me) (ala) (ala mot)	new the body offer de	orn.	23 B. DATE SIGNED
-	11	10	M.D. AH	ending Med.	Stoll	200-11
	1 more	- du	Phy	s. Director	Stoll Phys. X	) por 66
NAME	THE LA A	1	0.64	23D. ADDRESS		
	117017145	1	AU M.D.	US PHS Hosp:	ital, Balto, N	Md.
4A. BURIAL C	REMATION, 248. DATE	24C.N	AME OF CEMETERY OF CR	MATORY 2	4D. LOCATION	City, town, or county) (Sto
Buri		. P.	arkwood Cemete	ery	Baltim	ore, Md.
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
		1	O Down	Leonard J.	Ruck, Inc. B	alto. Md. 21214
S 150-REV. 1/	DEC 5 1966	1660	5 2 Mallay Hall		•	
DOWNEY. I/	17.00					



VS 150-REV. 1/1/65

my person VANVER 1 STY HOSPITAL Fromb N AVD HEX toursend I XX H Positioning & green star 2 11-29 22 62-11 12 mile 19 for 12 The Contract Contract

			BALTIMORE CIT	Y HEALTH DEPARTMENT	1	
BIRTH	NO. 61	6 12140	CERTIFICA	TE OF DEATH	Registered No	-66 12140
	CASE NO.	O Italia	OEKTITO/		AND HOUR OF DEATH	•
	as Printl	nsington Wh	ite			7:00 -
3. PL		ALTIMORE, MARYLAND		4. USUAL RESIDENCE ()	Where deceased lived. If	institution: residence before admission)
FU	LL NAME OF (If	nat in haspital ar institu	tian, give street	Ma:	ryland	
HC	SPITAL OR add	dress or location)			f autside city limits, write	RURAL and ive township
	Pr	ovident Hos	pital, Inc.	Ba.	ltimore	1-00
	37 15.	14 Division	St.	1319 Myrt	(If rural, give location)	
5. SEX	ba.	Itimore, Ma	ryland 21217	B. DATE OF BIRTH		
	ale Neg:	WtD	owed, DIVORCED (specify)	8-11-21	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	SUAL OCCUPATION	Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or	fareign country)	12. CITIZEN OF WHAT COUNTRY?
dane d	during mast of warking life		nployed	Maryland		USA
13. FA	THER'S NAME			14. MOTHER'S MAIDEN	NAME	ODA
15. W	as Deceased Ever in U	J. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, n	o ar unknawn) (If yes, g	give wor ar dates of ser		L'es tol	fo 1319	huntle 1. a
116	FELL		213-14-720 CAUSE C	DE DEATH	414 1311	INTERVAL BETWEEN
	DISEASE OR CO	I ONDITION DIRECTLY	CAUSE	A	A -	ONSET AND DEATH
		TO DEATH	(4)	Circhoni-	87 Jus	
		the mode of dying, etc. It means the dis		and the state of t		
		which coused death.)		1-1.7	0	
	ANTECED	ENT CAUSES	(B)	COS COCS	***************************************	
		DITIONS, if any, g	at a second seco			
	JNDERLYING CONDI	cause (A) stoling	the (C)	*****************************		
		H				
		CONDITIONS CONTRIB				
	DISEASE OR CONDITIO	ON CAUSING IT.		TOO A BROWN /V	N 1000 15 VED	
CERTIFIC	A. DATE OF OPERATIO	WAS PERFORMED	FOR WHICH OPERATION	No No		E FINDINGS CONSIDERED AUSES OF DEATH?
U 2	A ACCIDENT WAS	UNDERLYING T	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in ar about 21 C. WHERE DI	D (If in Baltime	are City, give exact lacation)
CAL	EATH (natify medical	examiner)	etc.)			
0 2	D. TIME (Month)	(Doy) (Year) (Haur)	21E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
>	APPROX.)		While At Wark At Wark			
2:	2. I certify that (I)	(this hospital) attend	ded the deceosed from 12	-2-66	19 to 12.	-3-66
		the deceased alive	12-3-66			pinion death occurred on the date
	nd hour and from th	e couses stated abo	ve. (I) (We) (did) (did not)			
	A. SIGNATURE			7		23B, DATE SIGNED
	Augus	Q s		tending Med.	Staff Phys.	12-3-66
23	C. PHYSICIAN'S			23D. ADDRESS		
	NAME (Type)	r. C. Laredo	M.D			
24A.	BURIAL CREMATION,		4C. NAME of CEMETERY AT CI		D. LOCATION (	City, town, or county) (State)
1	REMOVAL (Specify)	12/7/11	m. Tauly	ZII	D. iLr	120 01
25A.	DATE REC'D BY HEAL	TH DEPT.  25B. NA	ME OF REGISTRAR	25C. EUNPRAL DIREC		ore MM
1		1000	To O Jan O MA	(0) ha (0)	ald Whice	661 W Barres
VS 35	O PEV 1/DEC 5	1966 (2)	IT E. NOADON	Conce	1 (% ) C. A C.	0 60 10

invinent g distint, ..... fit molalyi -- --The bully bearing and all her

. DVA BATTEN PIEL

Ellin, Wille 13 Ady 75 C. C.

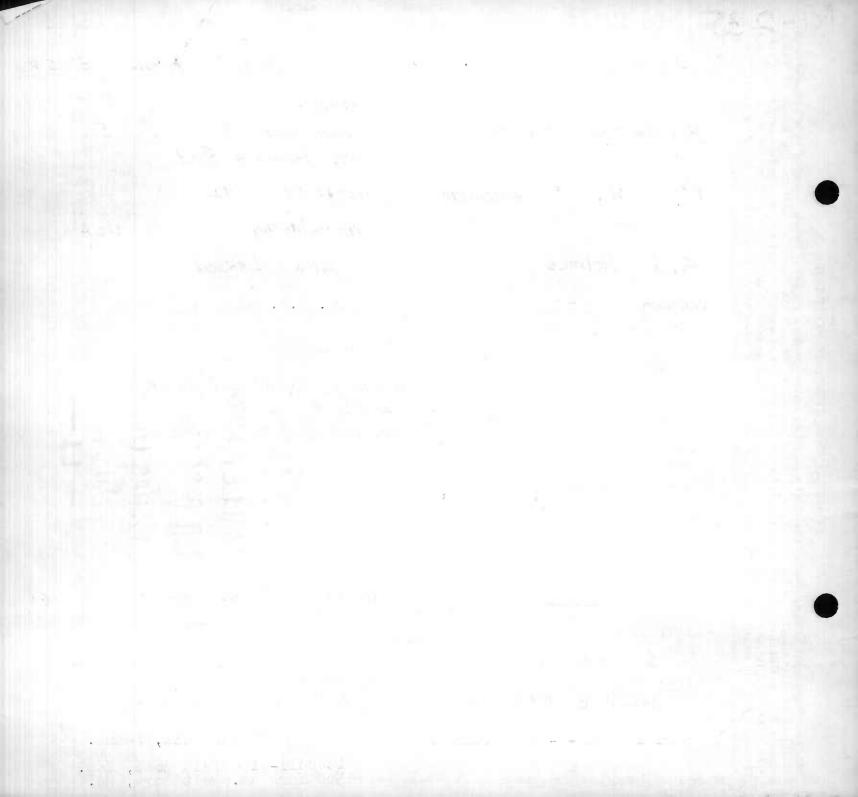
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

70-14-13 5..... 1-1-1-2

" The Constitution will be the Company of the

00 40440	BALTIMORE CI	TY HEALTH DEPARTMENT	66 10110
RTH NO. 66 12142	CERTIFIC	ATE OF DEATH Register	d No. 00 12142
M.E. CASE NO.		2, DATE AND HOUR OF E	DATH
	Myra B. Maston	2. DATE AND HOOK OF E	V
3. PLACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where deceosed live	4,1966 3:05 P. N
The state of branch in the limited in		A. STATE B. COUNTY	A A A
FULL NAME OF (If not in hospito	l or institution, give street	Moryland	Dance, Co
HOSPITAL OR oddress or locofi		C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
BON Secours Ho	spital	Baltimora 7	53-00
DON 2 CC		D. STREET ADDRESS (If rurol, give locot	ion)
34		1189 Granville Roa	rd
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yea	1 1/ 1/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FW	WIDOWED, DIVORCED (specify)	tast birthday)	rs If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	WIDOWED		
BA, USUAL OCCUPATION (Give kind of wo lone during most of working life, even if refired)		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Pennsylvania	USA
3. FATHER'S NAME	1.	14. MOTHER'S MAIDEN NAME	
Fred Holmes		11 /20.	
1120		Julia LARSON	
5. Was Deceased Ever in U. S. Armed Fr es, no ar unknown) (If yes, give war or da	tes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
UNKNOWN -	5200000	Mrs. K.B. Edmunds	Same
18.	CALISE		INTERVAL BETWEEN
0 10 10		OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION D		and the state of	
LEADING TO DEATH	(A)	oxema	
(This daes not mean the mode of heart foilure, osthenio, etc. 11 mean	4 1:	2.1	
injury or camplication which cause	d death.)	lasting small and	Paral
ANTECEDENT CAUSE	S (B)	(WHO) 21 CON 1- R =	
DISEASES OR CONDITIONS, if	DUE TO	rassipl small and -	
rise to the obove cause (A)	stoting the (C)	resenteric artery The	
UNDERLYING CONDITION Iast.	P	Usenleric artery The	modus
11			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING			
	NDITION FOR WHICH OPERATION		WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CO	RFORMED	IN CERTIFYIN	NG CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B, PLACE OF INJURY (e.a.	, in or obout 21C. WHERE DID (If in E	Baltimore City, give exact lacation)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	affice bldg., INJURY OCCUR?	
DEATH (natify medical examiner)	etc.)		
OF INJURY (Manth) (Day) (Year	Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(APPROX.)	While At Not W		
	Work At Wo		12 11
22. I certify that (I) (this haspite	_	11-27 19 66 to	12-4 1966
that (1) (we) last saw the deceas	sed alive an 12 -4-	19 6 9 and that in(my) (as	or) apinian death accurred an the da
		Frankli	
	ated abave. (1) (We) (did) (did nat)	view the bady after death.	DATE CICHED
23A. SIGNATURE		Mandian - AAnd - Staff	23 B, DATE SIGNED
forde & house	und M.D. A	hys. Med. Staff Phys.	12-4-66
23C. PHYSICIAN'S		23D. ADDRESS	
NAME (Type)	OAQUINO MI	BON SECOURS HE	SPITAL
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial 12-7-	66 Arlington	Drexel H	ill, Penna.
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEO E 1000	An Richard	Mitchell-Wiedefel	
UEC 9 1966	MC Lace of C. No.	6500 York Rd Bol	timore, Md.
VS 150-REV. 1/1/65		0 700 -01 11 11 11 01 1	ormoro, na.



This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital at the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of decipows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. So written approval must be obtained before the remains are embalmed or final disposition is made.		FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
written approval must be obtained before the remains are embalmed or final disposition is made.	This certificate must be approved by the body was released to the hospit shows: (1) An accident of any nature was D.O.A. at a hospital (except weceased prior to death); and (6) N	y the chief medical examiner ital by a medical examiner. e; (2) Body burns; (3) A fractu rhere the physician who pro No physician was in regular	or his assistant it death occurred in a hospital a Also, if the direct or contributing cause of decree of any kind; (4) Undetermined cause; (5) Deceas nounced death was in regular attendance on attendance on the deceased prior to death. Su
	written approval must be obtained	before the remains are emba	Imed or final disposition is made.

NIED .	66 12143		TE OF DEATH	Registered No	66 12143
M.E	CASE NO.	CERTIFICA	TE OF DEATH		
	AME OF DECEASED			AND HOUR OF DEAT	H
3 6	Ethel Dunt	on		-30-66	M. institutions esidence before admission
J. 1	LACE OF BEATH IN BALLIMORE, MARIEAND		70 7 7	JNTY	institution: residence before admission)
F	FULL NAME OF (If not in hospital or institut	ion, give street	IId.		
	HOSPITAL OR address or location) NSTITUTION				e RORAL and give township)
	//		Baltimore D. STREET ADDRESS		16
	#6 Lutheran Hospit	al		If iural, give lacation)	
	7		1026 Ellic		
. S	WIDO	OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Haus Min.
		rried	10-20-11	22	
	USUAL OCCUPATION (Give kind of work 108, KIN educing most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		neign country)	12. CITIZEN OF WHAT COUNTRY?
			Virginia		U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Samuel Dunki	.ns	Elizabe	th Becket	t
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	s, no or unknawn) (If yes, give wor or dates of serv	security No.	Course	+ 00 1006	Claicott Dodge
_				tion 1020	Ellicott Drive
	1B. 420.11	CAUSE O			ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		7 T	- 41	ncy minutes
	(This does not mean the made of dying,	e.g., QUE TO	Vrouce of	24/4/7/10/6	ney have
	heart failure, asthenia, etc. It means the dise	usu,			
	injury or complication which coused death.)	(8)	Herp		Years
	ANTECEDENT CAUSES	DUE TO			<u></u>
	DISEASES OR CONDITIONS, if ony, gi				
	UNDERLYING CONDITION lost.	(6)			
	11			0	
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING Acute wi	rel infection	2 04	4 2045
A	DISEASE OR CONDITION CAUSING IT.	bronch	20A. AUTOPSY? (Yes or		
CERTIFICATION	19A. DATE OF OPERATION   19B. CONDITION   WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar	No. 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltim	are City, give exact location)
CAL	DEATH (natify medical examiner)	etc.)			
-	21D. TIME (Manth) (Day) (Year) (Haut)	21E, INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
S	(APPROX.)	While At Not Whi			
		Work At Wark			1113.1
	22. I certify that (I) (this hospital) attend	1 -1	,		,
	that (I) (we) lost saw the deceased alive	on 11/28/6	C 19 ond	that in (my) (our) o	pinion deoth occurred on the da
	and hour and from the couses stated above	e. (I) (We) (did) (did not)	riew the body ofter death	٦.	
	23A. SIGNATURE				23 B. DATE SIGNED
	heere farm	M.D. Att	ending Med.	Staff Phys.	12/5/66
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	•	
	NAME (Type)	M.D.	1200 13100m	ringdele &	24.
24 8	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	FAM A TORY 124D	LOCATION	(City, town, or county) (State)
- 70	REMOVAL (Specify)	C. ITANIE OF CENTEREN OF CR	240.	LOCATION	tony, lowing of country)
	Burial 12-5-66			Baltimore,	
25A	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C, FUNERAL DIRECT	0	ADDRESS
	- DEC 5 1966 (P.O.	BE Jaleu Mil	Ceorge G.	Kelson 13	348 N. Calhoun St
VS	150-REV. 1/1765				

a hospital and

	AME OF DEC	HAYNES, SAMU	EL NMI			ember 30, 1	
PL	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	ere deceosed lived. If i	nstitution: residence before admission
	ULL NAME O		or institution,	give street	Pennsylvania		
fN	OSPITAL OR	oddress or locotion					RURAL and give township)
		Administrati	_	oital	Philadelphia D. STREET ADDRESS	sural sive legation)	1-55
		h Raven Boule					
SE	Saltimor EX	e, Maryland	7 AAADDIED	NEVER MARRIED	805 E Passa	9. AGE (In years	If Under 1 Yr. , If Under 24 H
	Male USUÁL OCCI	Negro	Marr	D, DIVORCED (specify) 1	1733 11. BIRTHPLACE (State or fore	lost birthdoy)	Months Doys Hours Min.
	Garrage	vorking lile, even if retired)	G	arrage	Philadelp	bria. Pa	U.S.A.
	ATHER'S NAM		U.	TI OEO	14. MOTHER'S MAIDEN NA		0,000
W	Forrest	Haynes Ever in U. S. Armed For	1005?	1 6. SOCIAL	Laveda Taylor		ADDRESS
s,	no or unknawn	(If yes, give wor or date	es of service)	SECURITY NO.			21218
_	es	2/19/53 - 3	1/28/22	160-26-44-21	VAH Baltimore	, mary tand	
1	1B. / 6 %	, / I	BE CTI V	CAUSE O	F DEATH		ONSET AND DEATH
1	DISEAS	E OR CONDITION DI	KECTLY				2
	(This does n hearl failure, injury or com	LEADING TO DEATH of mean the mode of asthenia, etc. If means plication which caused ANTECEDENT CAUSES R CONDITIONS, if	i the diseose, death.)	(B) Due to	optysis <b>Bre</b> bable bron <b>c</b> h		
	(This does not heart failure, injury or community or comm	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION lost.	any, giving staling the	(B) DUE TO (C)			inoma
	(This does in heart failure, injury or com  DISEASES Or ise to the UNDERLYING  OTHER SIGNITO THE DISEASE OR	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES (R. CONDITIONS, if obave cause (A) (CONDITION lost.	any, giving staling lhe	(B) DUE TO (C)	Probable bronch		inoma
	This does not heart failure, injury or community or community or community or community or community of the state of the s	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION lost.	any, giving staling lhe CONTRIBUTIN ATED TO THE STATE OF	G  G  WHICH OPERATION  D. PLACE OF INJURY (e.g., ine, form, foctory, street, one, foctory, str	Brebable bronch	o) 20B. IF YES, WERE IN CERTIFYING CA	inoma
	This does not heart failure, injury or community or community or community or community or community of the state of the s	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if bodaye cause (A) CONDITION lost.  FICANT CONDITION SCEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CONWAS PER	any, giving staling the CONTRIBUTIN ATED TO THAT.  ADDITION FOR FORMED  (Hour) 21E	G  B  DUE TO  (C)  G  IE  WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, factory, street, one)  INJURY OCCURRED  iile AI Not Whil	20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	o) 20B. IF YES, WERE IN CERTIFYING C.	INOMA  FINDINGS CONSIDERED AUSES OF DEATH?
	This does not heart failure, injury or community or community or community or community or community or community or contributed by the contributed of the contribute	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION lost.  FICANT CONDITIONS CAUSE ATT BUT NOT RELATED BUT NOT RELATED TO CAUSING OPERATION 19B. CONDITION CAUSING TWAS PER ATT WAS UNDERLYING CAUSE OF medical examiner)  (Month) (Day) (Year)	any, giving staling lhe CONTRIBUTIN ATED TO THE CONTRIBUTION FOR FORMED  (Hour) 21E honetc.	G  B  DUE TO  (C)  G  IE  WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, factory, street, one)  INJURY OCCURRED  Not While At Not While	20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING C.  (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion
	This does not heart failure, injury or community or community or community or community or community or contribution of contri	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACT CONDITION CAUSING OPERATION 198, CONWAS PER TWAS UNDERLYING CAUSE OF medicol exominet)  (Month) (Day) (Yeor)	any, giving staling lhe  CONTRIBUTINATED TO THATE.  ADITION FOR FORMED  (Hour) 21E WW.  Water of the work of the w	G  G  BE  WHICH OPERATION  C. PLACE OF INJURY (e.g., ine, form, factory, street, one)  INJURY OCCURRED  Linia At Work  The deceosed from White	20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN	O) 20B. IF YES, WERE IN CERTIFYING CO.  (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locotion
	This does in heart failure, injury or common to the property of the UNDERLYING OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBUDEATH (notify (APPROX.)  22. I certify that \$\$(we) and hour and	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a obave cause (A) is condition to conditions of the condition of the condition causing operation of the condition of the cond	any, giving staling the CONTRIBUTIN ATED TO THIT.  CONTRIBUTION FOR FORMED  (Hour) 21E  (Hour) 21E  (Hour) 21E  we do live on	G  G  E  WHICH OPERATION  C  PLACE OF INJURY (e.g., integration of the control of	20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion  The city, give exact locotion  The city of the
	This does not heart failure, injury or community or community or community or community or community or community or contribution of injury (APPROX.)	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a obave cause (A) is condition to conditions of the condition of the condition causing operation of the condition of the cond	any, giving staling the CONTRIBUTIN ATED TO THIT.  CONTRIBUTION FOR FORMED  (Hour) 21E  (Hour) 21E  (Hour) 21E  we do live on	G  G  E  WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, form, foctory, street, one)  INJURY OCCURRED  Mile At	20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID flice bidg., INJURY OCCUR?  21F. HOW DID IN  e 21F. HOW DID IN  e 19 66 ond to the death.	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location of the desired death occurred on the desired death occurred
22	This does not heart failure, injury or community or community or community or community or community or community or contribution of injury (APPROX.)  21. Learning (APPROX.)  22. Learning (APPROX.)  23. Learning (APPROX.)  23. Learning (APPROX.)	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION lost.  FICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION 198, CONWAS PER TWAS UNDERLYING CAUSE OF medical examines)  (Month) (Day) (Year)  that (1) (this hospito lost sow the decease of from the couse stars.	any, giving staling the CONTRIBUTIN ATED TO THIT.  CONTRIBUTION FOR FORMED  (Hour) 21E  (Hour) 21E  (Hour) 21E  we do live on	G  G  E  WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, form, foctory, street, one)  INJURY OCCURRED  Mile At	20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN e 19 66 ond to view the bady ofter deoth.	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location  The city, give exact location  The city of the
	This does in heart failure, injury or community or contributed or injury (APPROX.)  22. I certify that (we) and four and community or c	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a obave cause (A) is condition to conditions of cause of the condition causing operation of the condition causing operation of the cause of medical examiner)  That the cause of medical examiner)  (Month) (Day) (Year)  That the couse start of the cause of	any, giving staling the CONTRIBUTIN ATED TO THIT.  ADDITION FOR HORNED  (Hour) 21E hon etc.  (Hour) 21E who we do live on steed above.	G  G  G  HE  WHICH OPERATION  D. PLACE OF INJURY (e.g., ine, form, foctory, street, only white the deceased from the dec	20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID IN e 19 66 ond to view the bady ofter deoth. ending Med. s. Med. 23D. ADDRESS	O) 20B. IF YES, WERE IN CERTIFYING C.  (If in Baltimo  JURY OCCUR?  19 66 to No.  hot in (max) (our) op	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion!  Vember 30 19 66  Linion deoth occurred on the displayed by the displayed
	This does in heart failure, injury or community or community or community or community or community or contribution of the Disease or 19A. Date of Contribution of Injury (APPROX.)  21D. TIME 21D. TIME (APPROX.)  22. I certify that (We) and four and contribution of Injury (APPROX.)  23A. SIGNATURE (The Contribution of Injury (APPROX.)	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION lost.  FICANT CONDITIONS OF CONDITIONS OF CAUSING OPERATION 1988, CONWAS PER TWAS UNDERLYING TANG CAUSE OF medical examiner)  (Month) (Day) (Year)  That (**) (this hospito lost sow the decease of from the couse state of the cou	any, giving staling the CONTRIBUTIN ATED TO THIT.  CONTRIBUTION FOR FORMED  21E honetc.  (Hour) 21E WH.  W.C. W. W.C. W.C. W.C. W.C. W.C. W.C.	G  G  E  WHICH OPERATION  C. PLACE OF INJURY (e.g., interpretation of the control	20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID IN  21F. HOW DID IN  21F. HOW DID IN  4 Ovember 28  19 66 ond the obout of the decorption of the obout 23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24 Con 1	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion!  Vember 30 19 66 inion death occurred on the displayed by the signed 12/1/66 12/1/66
The state of the s	This does in heart failure, injury or community or contributed for contributed for contributed for contributed for injury (approx.)  22. I certify that (we) and four and community or contributed for contributed for injury (approx.)	ol mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION lost.  FICANT CONDITIONS OF CONDITIONS OF CAUSING OPERATION 1988, CONWAS PER TWAS UNDERLYING TANG CAUSE OF medical examiner)  (Month) (Day) (Year)  That (**) (this hospito lost sow the decease of from the couse state of the cou	any, giving staling the CONTRIBUTIN ATED TO THIT.  CONTRIBUTION FOR FORMED  (Hour) 21E hometic.  (Hour) 21E www.  (Hour) 21E	G  G  E  WHICH OPERATION  C. PLACE OF INJURY (e.g., ine, form, factory, street, one)  INJURY OCCURRED  Mile At Not Whith At Work  The deceosed from With the dec	20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID IN  21F. HOW DID IN  21F. HOW DID IN  4 Ovember 28  19 66 ond the obout of the decorption of the obout 23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24 Con 1	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion  The City, give exact locotion  The City of the

de: L. The second state of the second second

## S— 66 12145 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12145

BIRTH NO. MEDICAL EXAMINATES C	EKTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
EUGENE SMITH	November 27, 1966   11:10 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE  Marky 1 and
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION).	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	6-61
Johns Hopkins Hospital (DOA)	D. STREET ADDRESS (If rurol, give locotion)
gg somis nopelies nospital (box)	1400 E. Baltimore Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Nonths, Doys, Hours, Min.
Male Negro WIDO WED DIVORCED (specify)	Months, Doys, Hours, Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR'	YII DIRTHOLACE (State or foreign country) 12, CITIZEN OF
done during most of working life, even if retired	WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1. b facing	V. A
Jun now 1	· Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY. NO.	17. INFORMANT ADDRESS
Mes Groved Wast =	mildred Duckerson 5 M Caroline
CAUS	E OF DEATH INTERVAL BETWEEN
V 443 X 1	rtensive and arteriosclerotic ONSET AND DEATH
LEADING TO DEATH	
(This does not meon the mode of dying, e.g., DUE TO	ardiovascular disease
injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
E DISEASE OR CONDITION CAUSING IT.	***************************************
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS   218, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE OOK
22.	tapsy X and that an this basis, death In my apinian
resulted fram: Natural causes X Accident Suicid	
ACTUAL OL O. O.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MAD . M.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER November 28, 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	of a contrata
June Dee 2/66 Mills / fall	Cem, Sau Travuek wife
24A. DATE REC'D BY HEALTH DEPT. / 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
DEC 5 1966 (P.O. A. E. Fallows)	o Millon & Edukon 1129 Markers
VS 151-REV. 1/1/65	a de la

Unamphayed Und hower Makingary mildred Bickerson 57 the twend new 2

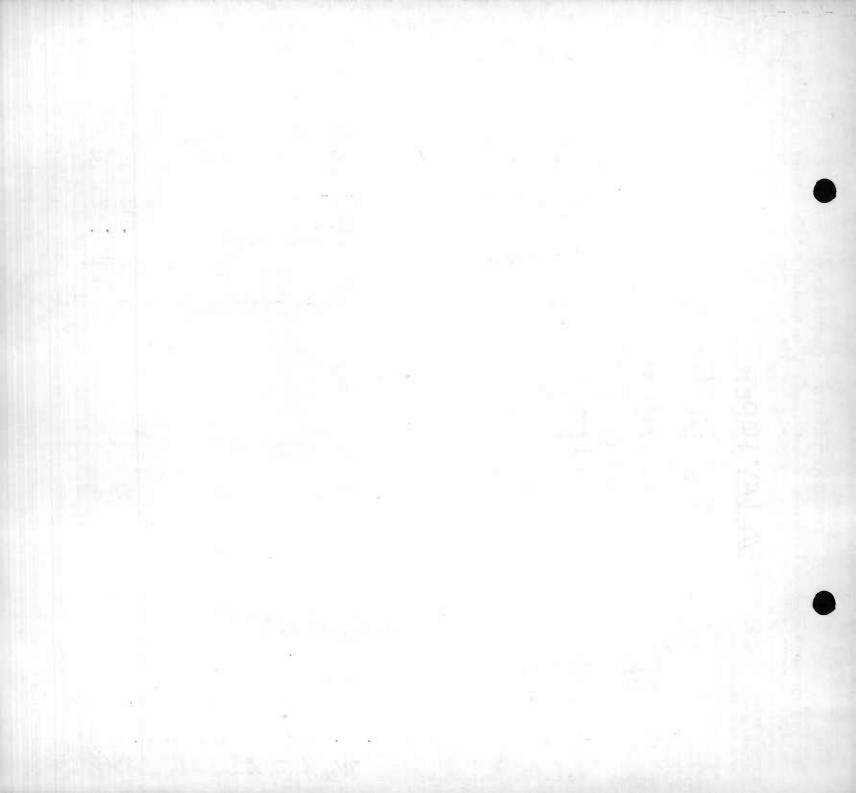
Buil bus/44 Bulle Matte Com. 5321 tradaid a.

MARY	GRADY		ber 30, 1966	12:30 P
3. PLACE IN BALTIMORE, MARYLAND, WH	HERE PRONOUNCED DEAD		deceosed lived. If institution: res	idence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA INSTITUTION	L OR INSTITUTION, GIVE STREET TION)	Maryland c. CITY OR TOWN (If outsident to the control of the contr	e corporate limits, write RURAL	ond give township)
716 N. Payson Stree	t	D. STREET ADDRESS (If rurol,		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years If Under Inst birthday) Manths	er 1 Yr. II Under 24 Hrs. Days   Haurs   Min.
Female Negro  10A. USUAL OCCUPATION (Give kind of work done during posts of working life, even if refired)	108. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE Glote or foreig		ZEN OF AT COUNTRY?
13. FATTERS NAME DELIVERS		14. MOTHER'S MAIDEN NAMI	11,0	
James Ly Ke	FORCES? 116, SO CIAL	Thatee	a. Smith	
15. WAS DECEASED EVER IN U.S. ARMED (Yes no orunknown) (If yes, give wor or dates	s of service) SECURITY NO.	Allistic	L' Yell	• • • • • • • • • • • • • • • • • • • •
18. 3 4 5 X.	CAUSE	OF DEATH	The may	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	RECTLY	Disseminated Sc	lerosis	ONSET AND DEATH
(This does not meon the made of heort failure, asthenio, etc. It menns	dying, e.g., DUE TO	DIBBellinacea De		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF AI	NY, GIVING (B)	19		*** 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CONDITION LAST.	(C)	٠		
OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING	Service V		
DISEASE OR COMPITION CAUSING	ATED TO THE	***************************************	***************************************	***************************************
19A. DATE OF OPERATION WAS PERF			208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
21A, EXTERNAL CAUSE WAS	218, PLACE OF INJURY (e.g., i home, lorm, foctary, street, a etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore City, give exact	lacotion)
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor)	(Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (APPROX.)	(Hour) 21 E. INJURY OCCURRED  WHILE AT NOT WORK AT WO	VHILE	JRY OCCUR?	
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (APPROX.)  22.   Certify that I held on In	m. WHILE AT NOT WE AT WE	PRICE and that an thi	S basis, death In my apinlo	on .
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (APPROX.)  22.	m. WHILE AT NOT WE AT WE	opsy and that an thi	s basis, death In my apinto	on .
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22, I certify that I held on In resulted from: Natural cou	m. WHILE AT NOT WAT WORK  Inspection X Auto Sees X Accident Suicide	opsy and that an thi Hamicide U	s basis, death In my apinto Indetermined manner AMINER	DATE SIGNED
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (APPROX.)  22. I certify that I held on In resulted from: Natural countries of the countr	m. WHILE AT NOT WAT WORK  Inspection X Auto Sees X Accident Suicide	opsy and that an thi	s basis, death In my apinlo Indetermined manner AMINER AMINER X	
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22, I certify that I held on In resulted from: Natural cou ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Charles  A. BURIAL CREMATION.   238, DATE	nequiry Inspection Autorises Accident Suicide	opsy and that an thi Hamicide CHIEF MEDICAL EX ASSISTANT MEDICAL EX	s basis, death In my apinlo Indetermined manner AMINER AMINER X	DATE SIGNED 11/30/66
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year)  (APPROX.)  22. I certify that I held on In resulted from: Natural country  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE	m. WHILE AT NOT WAT WORK AT WE	OPSY and that an this opsy Hamicide UCHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE MEDICAL EXASTANCE MEDICAL	s basis, death In my apinlo Jndetermined manner   AMINER   AMINER   KAMINER   KAMINER	DATE SIGNED 11/30/66  caunty) (State)  Ku Md,
21D TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22. I certify that I held on In resulted from: Natural country ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION. [238, DATE	m. WHILE AT NOT WAT WORK AT WE AT WE SEES & Accident Suicide  Circles M.D.  S. Petty	opsy and that an thi Hamicide CHIEF MEDICAL EX ASSISTANT MEDICAL EX	s basis, death In my apinlo Jndetermined manner   AMINER   AMINER   KAMINER   KAMINER	DATE SIGNED 11/30/66

They're a Soniet Wille J. Farly Burist I le Garden & Elinal the Hickory

4 interpretation of the 

att. Cook-troopers, Coleum v. Edate by J.

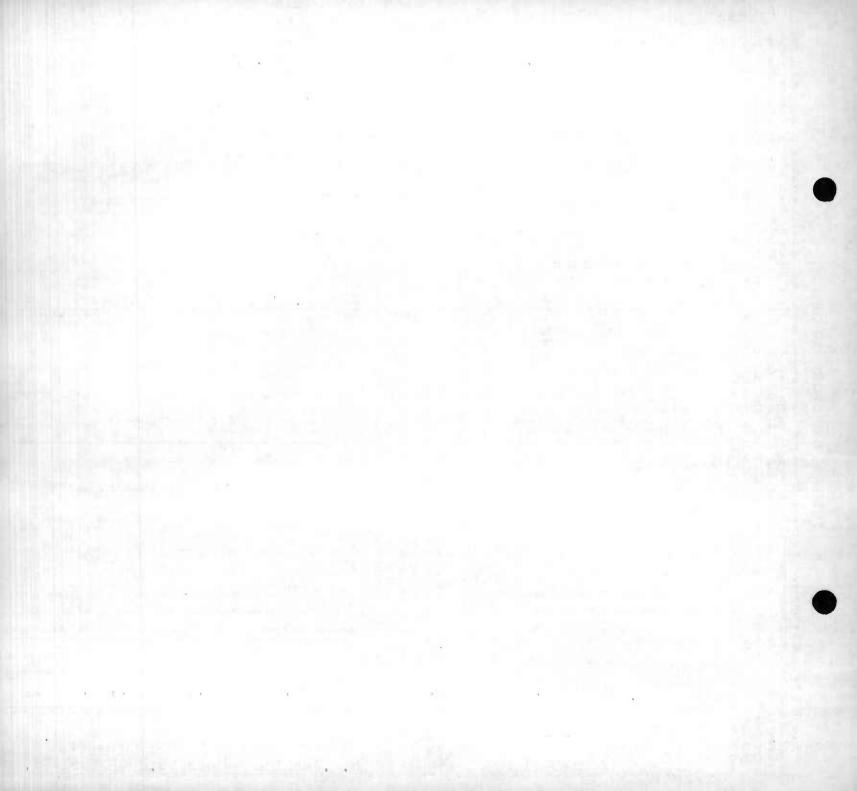


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

	66 12149
Registered No	00 17 14.7
HOUR OF DEATH	
,1966	70°PM
deceased lived. If ins	titution: residence before admission)
de city limits, write R	URAL and give township)
	-//
ol, give location)	
ay	
AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
A -	Min.
69 country)	12. CITIZEN OF WHAT COUNTRY?
	USA
immon	
	ADDRESS
igan	Above
	INTERVAL BETWEEN ONSET AND DEATH
, ,	
omach	6 mos.
ases.	
	+
20B, IF YES, WERE F	INDINGS CONSIDERED
CERTIFIERO CAC	JES OF DEATH:
(If in Boltimore	City, give exact tocation)
Y OCCUR?	
16 00-	2 1966
66 10 Dec	•
in (my) ( <del>our)</del> opin	ion deoth accurred on the date
" —	23B. DATE SIGNED
off ys.	12-5-66.
2 21 72	2 . 262
1 St., Ba	Lto.,Md.
CATION (Cit	y, town, or county) (State)
	Ma
dlawn	Md.
& Song Co	.4905 York Rd.
a Bolls Co	•470) TOPK Ru.



written ap

Such

af death

66	1	2	Property in	50	
_					

	RE CITY HEALTH DEPARTMENT	Registered No.	66 12150
a.	Dec.	3,1966	11:25 A
	A. STATE B. COUN	e deceased lived, tf inst TY	itution: residence before odmissi

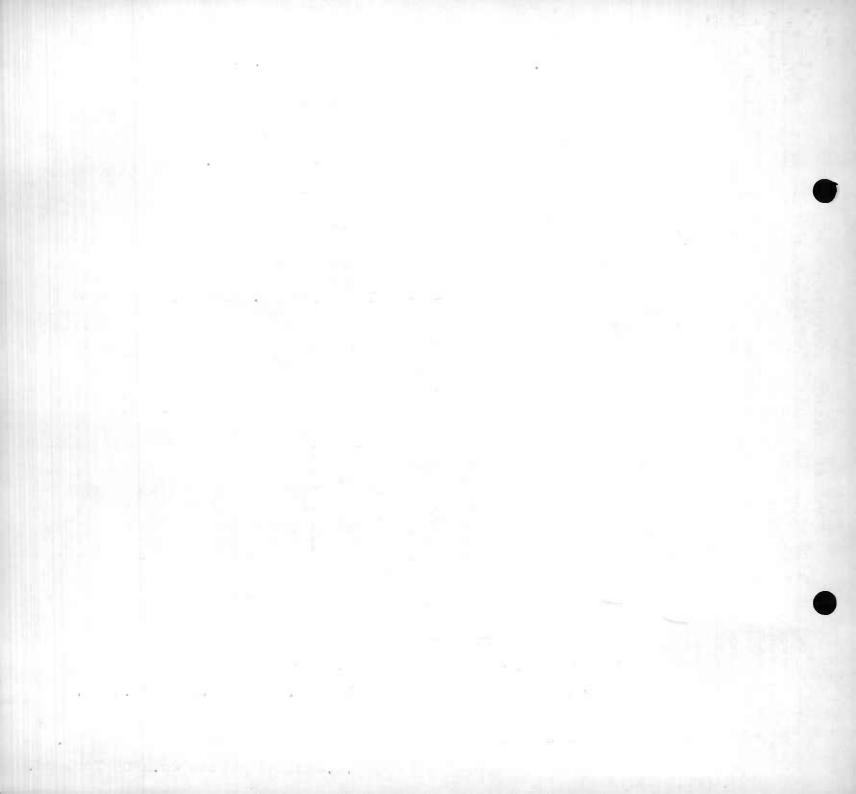
A.E. CASE NO.	EASED				2. DATE AND HOU	R OF DEATH		
Type or Print)	Frank	J. Panu	ska		Dec.3,19	966	11:25 A	
PLACE OF DEA	TH IN BALTIMORE,	MARYLAND		A. STATE	DENCE (Where deceo:	sed lived, tf i	nstitution: residence before odmission	
FULL NAME OF	E (If not in horse	sital as institution	owe steed					
FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR oddress or location) NSTITUTION				Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
	. 0			Balt.		(	2-01	
00	3802 Kim	ble Road		Balt D. STREET ADI	DRESS (If rurol, giv	e lacation)		
00				3802	Kimble Ro	1.		
. sex	6. RACE		NEVER MARRIED  D, DIVORCED (specify)  10d	8. DATE OF BIR	tost birth	(In years doy)	If Under 1 Yr. If Under 24 H Months Days Hours Min.	
OA. USUAL OCCU	PATION (Give kind of	work 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or fareign count	ry)	12. CITIZEN OF WHAT COUNTRY?	
-	vorking life, even il retii		trial Plant	Maryl	and		USA	
Gardene 3. FATHERS NAM		Liidus	Ullar Italio		MAIDEN NAME	_		
	Panuska				Bartok			
5, Wos Deceased (es, no ar unknown)	Ever in U. S. Armed	Forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS	
No			273-07-133	L Lill	ian M. Par	nuska	Above	
18. / /	2 V 1		CAUSE O	FDEATH			INTERVAL BETWEEN	
DISEAS	E OR CONDITION	DIRECTLY					ONSET AND DEATH	
	LEADING TO DEA	TH		PARALL.	0/1 //		14 mem tsc	
			(A)	-oruno	me 4 keen		17 100010=	
	of mean the mode		DUE TO	-ours	me of lun	7	17 1000105	
heort foilure, o	ot mean the mode osthenio, etc. It me plication which cau	eans the disease,	DUE TO	o uno.	me of keer	7	17 1000105	
heort foilure, o	osthenio, etc. It me	eans the disease, used deoth.)	(B)	o cong.	me of Seen	7	77 // // // // // // // // // // // // /	
heort foilure, of injury ar comp	osthenio, etc. It me plication which cau ANTECEDENT CAU	eans the diseose, used deoth.) USES	(A) C DUE TO	o con	me of lear	7	77 // // // // // // // // // // // // /	
heort foilure, of injury ar comp  A  DISEASES Orise to the	osthenio, etc. It me plication which cau ANTECEDENT CAU OR CONDITIONS, abave cause	eans the disease, used death.) ISES if any, giving (A) stating the	(B)	o wy	ne q les	<b>5</b>	77 // // // // // // // // // // // // /	
heort foilure, of injury ar comp  A  DISEASES Orise to the	osthenio, etc. It mo plication which can ANTECEDENT CAU R CONDITIONS, obave cause o CONDITION lost,	eans the disease, used death.) ISES if any, giving (A) stating the	(B)DUE TO	oron	me of lear		77 // // // // // // // // // // // // /	
heort foilure, of injury ar company of the company	osthenio, etc. Il mo plication which cau ANTECEDENT CAU R CONDITIONS, abave cause CONDITION lost.	eans the disease, used death.) ISES  If any, giving (A) stating the	(B) DUE TO	-0°4070	me q Leer	<b>7.</b>	77 // // // // // // // // // // // // /	
heort foilure, of injury ar company of the company	osthenio, etc. Il me plication which cau ANTECEDENT CAU OR CONDITIONS, obave cause o CONDITION lost. II FICANT CONDITION EATH BUT NOT	eans the disease, used death.) ISES  if any, giving (A) stating the common comm	(B)	-0°4000	me q Leen	<b>4</b>	7.4	
DISEASES O rise to the UNDERLYING  OTHER SIGNIF TO THE DE DISEASE OR	osthenio, etc. It me plication which cau ANTECEDENT CAU R CONDITIONS, obave cause CONDITION lost.  FICANT CONDITION LOST.  FICANT CONDITION CAUST ON CONDITION CAUST ON CONDITION CAUST OPERATION 198.6	if ony, giving (A) stoting the SCONTRIBUTION FOR YOUR CONDITION FOR YOU WAS CONDITION FO	(B)		SY? (Yes or Na) 208, Ii	F YES. WERE	FINDINGS CONSIDERED	
DISEASES O rise to the UNDERLYING  OTHER SIGNIF TO THE DE DISEASE OR	osthenio, etc. It me plication which cau ANTECEDENT CAU R CONDITIONS, obave cause CONDITION lost.  FICANT CONDITION LOST.  FICANT CONDITION CAUST ON CONDITION CAUST ON CONDITION CAUST OPERATION 198.6	eans the disease, used death.) ISES  if any, giving (A) stating the ISES  SECONTRIBUTION RELATED TO TH	(B)	20A. AUTOP	SY? (Yes or Na) 208, II	F YES. WERE	FINDINGS CONSIDERED	
DISEASES Orise to the UNDERLYING  OTHER SIGNIFT TO THE DE DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN	osthenio, etc. Il mo plication which cau ANTECEDENT CAU R CONDITIONS, obave cause CONDITION lost.  II FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 198. (WAS	if ony, giving (A) stoting the SCONTRIBUTING SCONTRIBUTING TO THE ORDER OF THE ORDE	(B) DUE TO (C) G E WHICH OPERATION	20A. AUTOP	SY? (Yes or No) 20B, II IN CE	F YES, WERE RTIFYING CA	FINDINGS CONSIDERED	
DISEASES OF THE PROPERTY OF T	osthenio, etc. If me plication which cau ANTECEDENT CAU OR CONDITIONS, abave cause of CONDITION lost.  II FICANT CONDITION FATHER CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CA	if ony, giving (A) stoting the SCONTRIBUTING SCONTRIBUTING TO THE ORDER OF THE ORDE	(B) DUE TO (C) G E WHICH OPERATION PLACE OF INJURY(e.g., iree, form, factory, street, of	20A. AUTOP	SY? (Yes or No) 20B, II IN CE	F YES, WERE RTIFYING CA	FINDINGS CONSIDERED	
DISEASES Orise to the UNDERLYING  OTHER SIGNIFTO THE DE DISEASE OR CONTRIBUTED TO THE DE	osthenio, etc. If me plication which cau ANTECEDENT CAU R CONDITIONS, obave cause CONDITION lost.  FICANT CONDITION LOST CONDITION CAUSIN WAS UNDERLYIN TWAS UNDERLYIN TING CAUSE OF medical exominer)	if ony, giving (A) stoting the CONTRIBUTION FOR Y PERFORMED  218. CONDITION FOR Y PERFORMED  218. CONDITION FOR Y PERFORMED	(B) DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (e.g., ir e.g., lorm, factory, street, of	20A. AUTOP No	SY? (Yes or Na) 20B, II IN CE VHERE DID Y OCCUR?	F YES, WERE ERTIFYING CA	FINDINGS CONSIDERED	
DISEASES OF THE DESTANCE OF TH	osthenio, etc. It me plication which cau ANTECEDENT CAU R. CONDITIONS, cobave cause CONDITION lost.  FICANT CONDITION lost.  FICANT CONDITION CAUSIN OPERATION 1988. WAS	if ony, giving (A) stoting the SCONTRIBUTING RELATED TO THING IT.  CONDITION FOR MERCATED TO THING IT.  CONDITION FOR MED  16 218, hometic.  18 (Hour) 218,	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., ire, factory, street, of	20A. AUTOP Note of the state of	SY? (Yes or No) 20B, II IN CE	F YES, WERE ERTIFYING CA	FINDINGS CONSIDERED	
DISEASES Orise to the UNDERLYING  OTHER SIGNIFT TO THE DE DISEASE OR CONTRIBUTION OR CONTRIBUT	osthenio, etc. If me plication which cau ANTECEDENT CAU R CONDITIONS, obave cause CONDITION lost.  FICANT CONDITION LOST CONDITION CAUSIN WAS UNDERLYIN TWAS UNDERLYIN TING CAUSE OF medical exominer)	if ony, giving (A) stoting the SCONTRIBUTING RELATED TO THING IT.  CONDITION FOR MERCATED TO THING IT.  CONDITION FOR MED  16 218, hometic.  18 (Hour) 218,	(B)	20A. AUTOP Note of the state of	SY? (Yes or Na) 20B, II IN CE VHERE DID Y OCCUR?	F YES, WERE ERTIFYING CA	FINDINGS CONSIDERED	
DISEASES Orise to the UNDERLYING  OTHER SIGNIFT TO THE DE DISEASE OR CONTRIBUTED TO THE DEATH (notify)  DEATH (notify)	osthenio, etc. If me plication which cau ANTECEDENT CAU R CONDITIONS, obave cause CONDITION lost.  FICANT CONDITION LOST CONDITION CAUSIN WAS UNDERLYIN TWAS UNDERLYING CAUSE OF medical examiner)	if ony, giving (A) stoting The SCONTRIBUTION FOR Y PERFORMED  13 CONDITION FOR Y PERFORMED  14 CONDITION FOR Y PERFORMED  15 CONDITION FOR Y PERFORMED  16 218 hom etc.  218 wh	(B)	20A. AUTOP N Con at about 21C. W	SY? (Yes or No) 20B, II IN CE VHERE DID Y OCCUR?	F YES, WERE ERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  The City, give exact location)	
DISEASES OF THE DESTRUCTION OF CONTRIBUTED OF INJURY (APPROX.)	osthenio, etc. If me plication which cau ANTECEDENT CAU R CONDITIONS, obave cause CONDITION lost.  FICANT CONDITION LOST CONDITION CAUSIN WAS UNDERLYIN TWAS UNDERLYING CAUSE OF medical examiner)	if ony, giving (A) stoting The SCONTRIBUTING RELATED TO TH NG IT.  CONDITION FOR MADE TO THE SCONTRIBUTION FOR MED STOTE	(B) DUE TO  (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., ir e.g., lorm, factory, street, of injury occurred in the control of the control	20A. AUTOP No or or obout 21C. v fice bldg., INJUR 21F. H	SY? (Yes or Na) 208, II IN CE VHERE DID Y OCCUR? OW DID INJURY OC	F YES, WERE ERTIFYING CA (If in Battima)	FINDINGS CONSIDERED  (USES OF DEATH?  The City, give exact location)	
DISEASES OF THE DESTANCE OF TH	osthenio, etc. It me plication which cau ANTECEDENT CAU OR CONDITIONS, cobave cause CONDITION lost, and condition condition causing operation was operation was underlying Cause of medical examiner (Month) (Day) (Y	if ony, giving (A) stating the SCONTRIBUTING RELATED TO THING IT.  CONDITION FOR PERFORMED  218, hometics. earl (Hour) 21E, who with the sased alive on many sased alive on many sased alive on many sased alive on many sased decised alive on many sased decised alive on many sased alive on many sased alive on many sased decised alive on many sased alive on many sased decised decised alive on many sased decised	(B) DUE TO (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., ir e.g., lorm, factory, street, of injury occurred)  INJURY OCCURRED  ille At	20A. AUTOP NC of all obout 21C. W fice bldg., INJUR 21F. H	SY? (Yes or Na) 208, II IN CE WHERE DID Y OCCUR?  OW DID INJURY OC  19 66	F YES, WERE ERTIFYING CA (If in Battima)	FINDINGS CONSIDERED  (USES OF DEATH?  The City, give exact location)	
DISEASES OF THE DESTANCE OF TH	osthenio, etc. It me plication which cau ANTECEDENT CAU OR CONDITIONS, abave cause CONDITION lost.  FICANT CONDITION LOST CONDITION CAUSIN WAS UNDERLYIN THE CAUSE OF medical examiner!  (Month) (Day) (Y) that (1) (this hospitate saw the decent plication of the couses of the causes of the cause of the cau	if ony, giving (A) stating the SCONTRIBUTING RELATED TO THING IT.  CONDITION FOR PERFORMED  218, hometics. earl (Hour) 21E, who with the sased alive on many sased alive on many sased alive on many sased alive on many sased decised alive on many sased decised alive on many sased alive on many sased alive on many sased decised alive on many sased alive on many sased decised decised alive on many sased decised	(B) DUE TO  (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., ir e.g., lorm, factory, street, of injury occurred in the control of the control	20A. AUTOP NC of all obout 21C. W fice bldg., INJUR 21F. H	SY? (Yes or Na) 208, II IN CE WHERE DID Y OCCUR?  OW DID INJURY OC  19 66	F YES, WERE ERTIFYING CA (If in Battima)	FINDINGS CONSIDERED (USES OF DEATH?  The City, give exact location)	
DISEASES OF THE DESTANCE OF TH	osthenio, etc. It me plication which cau ANTECEDENT CAU OR CONDITIONS, abave cause CONDITION lost.  FICANT CONDITION LOST CONDITION CAUSIN WAS UNDERLYIN THE CAUSE OF medical examiner!  (Month) (Day) (Y) that (1) (this hospitate saw the decent plication of the couses of the causes of the cause of the cau	if ony, giving (A) stating the SCONTRIBUTING RELATED TO THING IT.  CONDITION FOR PERFORMED  218, hometics. earl (Hour) 21E, who with the sased alive on many sased alive on many sased alive on many sased alive on many sased decised alive on many sased decised alive on many sased alive on many sased alive on many sased decised alive on many sased alive on many sased decised decised alive on many sased decised	(B) DUE TO (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., ir lee, lorm, factory, street, of linjury occurred he deceased from 1/9 (We) (did) (did nat) v	20A. AUTOP Note of the bldg., INJUR 21F. He 19 66	SY? (Yes or Na) 208, II IN CE WHERE DID Y OCCUR?  OW DID INJURY OC  19 66	F YES, WERE ERTIFYING CA (If in Battima)	FINDINGS CONSIDERED (USES OF DEATH?  TO City, give exact location)  12/3 196 6	

24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county)

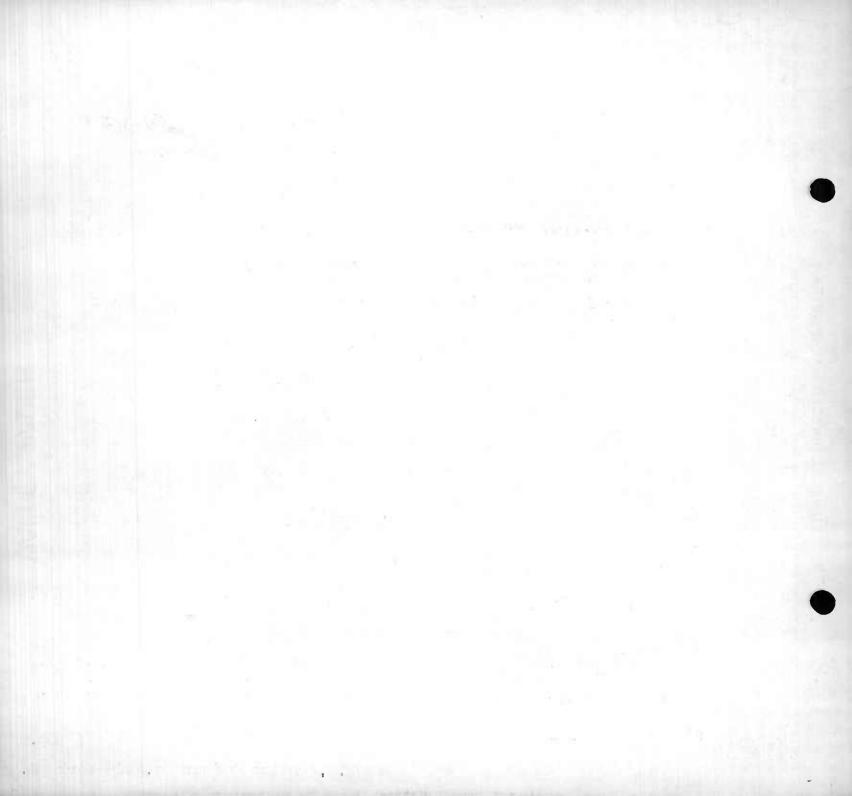
24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 12-6-6 Belair Me Memoria]

Belair
25C. FUNERAL DIRECTOR Md.

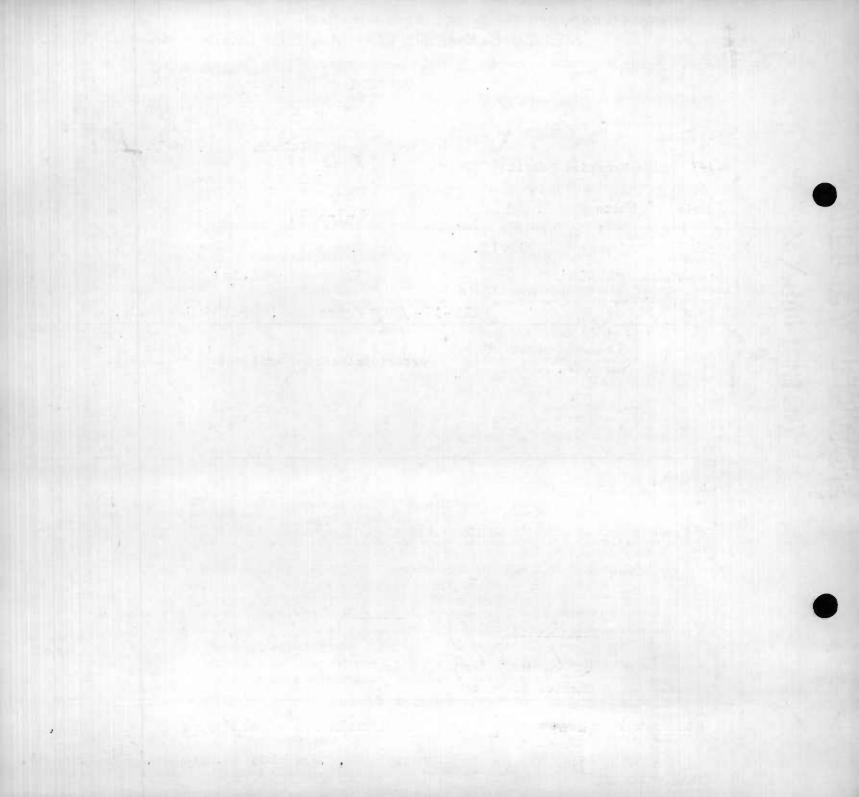
H.W. Jenkins & Sons Co. 4905 York Rd.

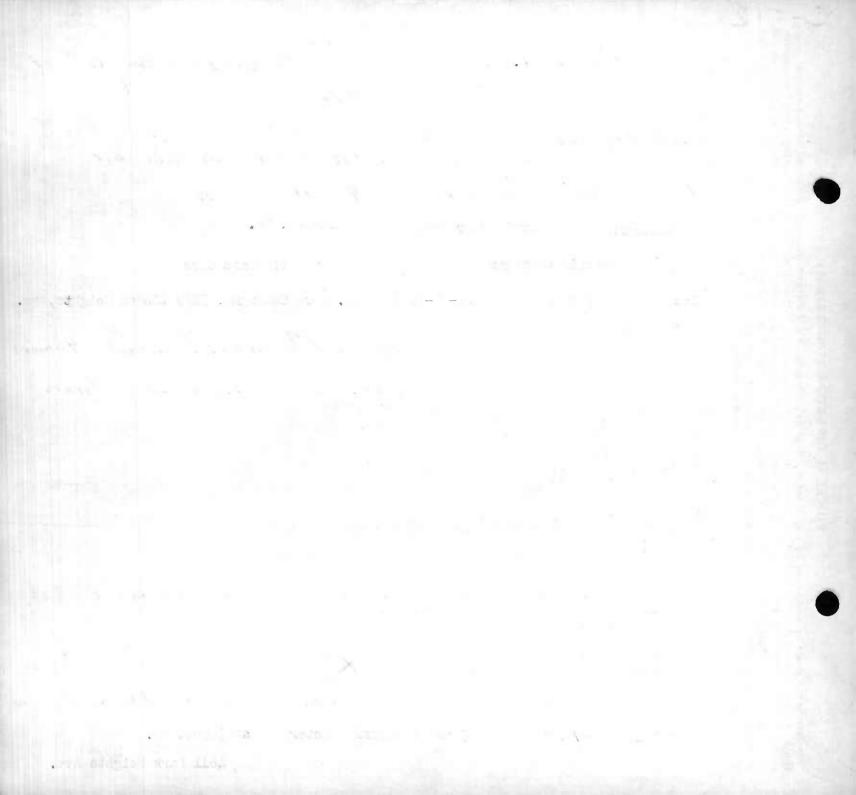


2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) rurol, give location If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aux) apinian death accurred an the date (City, town, or county) 3 H.W.Jenkins & Sons Co.4905 York Rd. VS 150-REV. 1/1/65

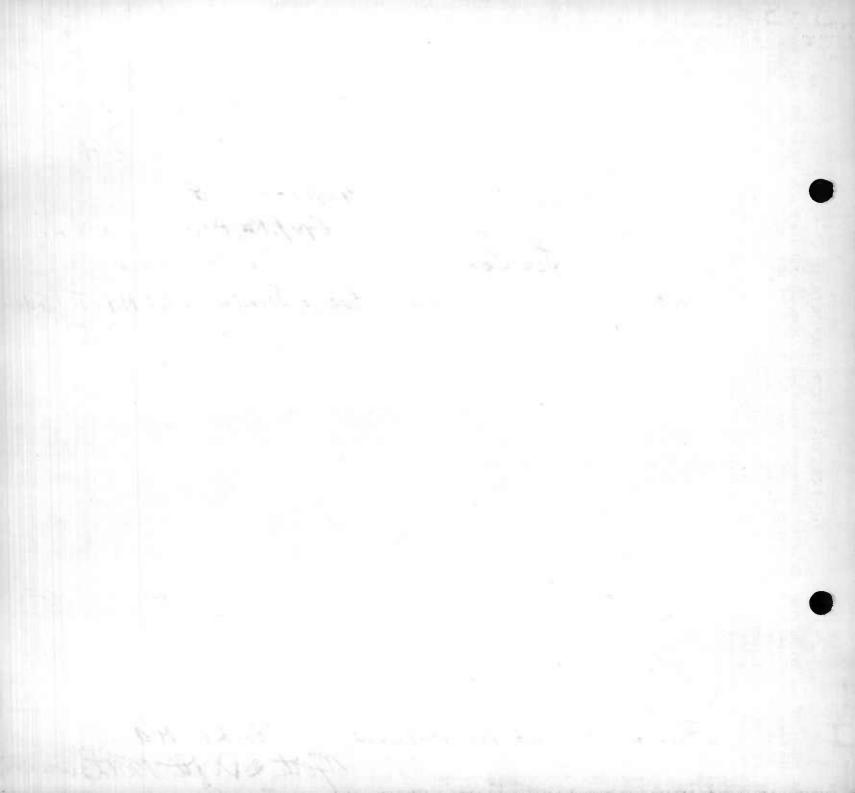


1. NAME OF DECE	ALDO	C.	FRATT			er 2, 196		4:20 A
3. PLACE IN BALTIA		WHERE PRONOUNCED I	DEAD 4.	USUAL RESIDENC	E(Where dece		itution: residen	ce before odmission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INSTITUTION, C	GIVE STREET	Mary		porote limits, write	RURAL ond	give township)
1.1	I TRICKS			Balt STREET ADDRESS	imore	27	7-48	
Union	Memorial H	lospital				n Avenue		
5. SEX 6.	RACE	7. MARRIED, NEVER A		DATE OF BIRTH		AGE (In years		Yr. If Under 24 Hrs
	White	Married		1-7-1914		52		
done during most of wo	rking life, even if retired		ESS OR INDUSTRY		e or foreign cou	untry)		OF COUNTRY?
Civil En		Gov'T.	14	Vermont	EN NAME		USA	
Martin	Frattini			Elisa Ga	rganti	ni		
	EVER IN U.S. ARME		IAL URITY NO.	INFORMANT			ADDRESS	
No		115	-12-4999	Frances	A. Fra	ttini	Abov	0
heart failure, a	t mean the mode of sthenio, etc. It mean blication which coused	ns the diseose, d deoth.)	DUE TO	sclerotic	Carulova	ascurat D	Iseasc.	
DISEASES OF RISE TO THE UNDERLYING	II  FICANT CONDITION:  ASTRONOMY AND THE PROPERTY OF THE PROPE	ANY, GIVING STATING THE  S CONTRIBUTING SELATED TO THE		SCIEIULIC	Cardiova		TSCASE.	
DISEASES OF THE UNDERLYING  OTHER SIGNITOR THE DISEASE OF THE DISE	II FICANT CONDITION LAST  FICANT CONDITION LAST  FICANT CONDITION CAUSING  FICANT CAUSING  FICANT CAUSING  FICANT CAUSING  FICANT CAUSING  FICANT CAUSING  FICANT CAUSING  FIC	SES  ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT.  ONDITION FOR WHICH G	(B) DUE TO  (C)  OPERATION	20A. AUTOPSY? (Ye Yes	es or No) 20B, IN C	IF YES, WERE FIN CERTIFYING CAUS	NDINGS CON SES OF DEAT	H? Yes
NOTHER SIGNITO THE DISEASE OF TO THE DISEASE OF THE DISEA	II MEORIAL PROPERTY CAUSE R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST  II FICANT CONDITION FEATH BUT NOT R CONDITION CAUSIN DEPERATION 198, CO WAS PE CAUSE WAS DR CONTRIB-	IN THE DISCOSE, did deoth.)  SES  ANY, GIVING STATING THE STATING THE SELATED TO THE SELATED TO THE SELATED TO THE SELATED TO THE SERIES IT.  ENDITION FOR WHICH GERFORMED	(B)DUE TO	20A. AUTOPSY? (Ye Yes	es or No) 20B. IN C	IF YES, WERE FIN CERTIFYING CAUS	NDINGS CON SES OF DEAT	H? Yes
AN DISEASES OF RISE TO THE UNDERLYING  OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF C UNDERLYING C UNDERLYING C UNDERLYING C UTING CAUSE  21D TIME ( OF INJURY (APPROX.)	II MEORIAL PROPERTY CAUSE R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST  II FICANT CONDITION FEATH BUT NOT R CONDITION CAUSIN DEPERATION 198, CO WAS PE CAUSE WAS DR CONTRIB-	IN THE DISCOSE, d deoth.)  SES  ANY, GIVING STATING THE STATING TH	(B) DUE TO  (C)  OPERATION  DF INJURY (e.g., in a foctory, sheet, office)  DRY OCCURRED	20A. AUTOPSY? (Your YES) or obout 21C. WHEI Holds, INJURY Oc	es or No) 20B. IN C	IF YES, WERE FIN ERTIFYING CAUS Boltimore City, giv	NDINGS CON SES OF DEAT	H? Yes
AN DISEASES OF RISE TO THE UNDERLYING  OTHER SIGNII TO THE D DISEASE OR  19A. DATE OF CO UTING CAUSE  21A. EXTERNAL UNDERLYING OF INJURY (APPROX.)  22, I certif	II meorolicotion which coused it ECEDENT CAUSE R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST.  II FICANT CONDITION LAST.  FICANT CONDITION CAUSIN CONDITION CAUSIN CONTRIBUTION CAUSIN CONTRIBUTION CONTRIBUTION CONTRIBUTION (Month) (Doy) (Yeste Contribution) (Month) (	SES  ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE RIGHT.  PROPRIED  21 B. PLACE Control FORMED  RIGHT  MORK  Inquiry Inspection	(B)  DUE TO  (C)  OPERATION  OF INJURY (e.g., in a factory, street, office of the control	20A. AUTOPSY? (Ye Yes or obout 21C. WHE e bidg., INJURY OC	RE DID (If in CCUR?	IF YES, WERE FIR CERTIFYING CAUS Boltimore City, giv DCGUR?	NDINGS CON SES OF DEATI Ve exoct local	H? Yes
AN DISEASES OF RISE TO THE UNDERLYING  OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF CO UNDERLYING CAUSE  21A. EXTERNAL UNDERLYING CAUSE  21D TIME (APPROX.)  22,   certif	II meorolicotion which coused trecepent. CAUS R CONDITIONS, IF ABOVE CAUSE (A) II FICANT CONDITION LAST.  II FICANT CONDITION: EATH BUT NOT R CONDITION CAUSIN OPERATION 19B, CO WAS PECAUSE WAS DR CONTRIB-E OF DEATH.	SES  ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE RIGHT.  PROPRIED  21 B. PLACE Control FORMED  RIGHT  MORK  Inquiry Inspection	(B)  DUE TO  (C)  OPERATION  OF INJURY (e.g., in a factory, street, office of the control	20A. AUTOPSY? (Yes  Yes or obout 21c, WHE e bldg, INJURY Oc  21f. HOW  ILE  sy  Homicide	es or No) 20B, IN CRE DID (If in CCUR?  DID INJURY CO	IF YES, WERE FIRE ENTRYING CAUS Boltimore City, gire of the common cause of the common cause of the common cause of the ca	NDINGS CON SES OF DEATH Ve exoct local	H? Yes
AN DISEASES OF RISE TO THE UNDERLYING  OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF CO UTING CAUSE  21 A. EXTERNAL UNDERLYING CAUSE  21 D TIME OF INJURY (APPROX.)  22, I certif resulte  ACTUAL	II meorolicotion which coused trecepent. CAUS R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST.  II FICANT CONDITION LAST.  FICANT CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONTRIBER OF DEATH.  IMMONTH (Doy) (Ye fig that I held on the condition causin condition causin cau	SES  ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE RIGHT.  PROPRIED  21 B. PLACE Control FORMED  RIGHT  MORK  Inquiry Inspection	(B)	20A. AUTOPSY? (Yes Yes or obout 21C, WHE e bidg, INJURY Oc 21F, HOW  ILE sy X and th Homicide CHIEF MEDI	DID INJURY COOR on this bo	IF YES, WERE FINCERTIFYING CAUS Boltimore City, give occur?  OCCUR?	NDINGS CON SES OF DEATI ve exoct locat	H? Yes
AN DISEASES OF RISE TO THE UNDERLYING  OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF C UNDERLYING CAUSE  21D TIME (APPROX.)  22,   certification of continuous contin	II meorolicotion which coused trecepent. CAUS R CONDITIONS, IF ABOVE CAUSE (A) B CONDITION LAST.  II FICANT CONDITION: EATH BUT NOT R CONDITION CAUSIN OPERATION 19B. COWAS PECAUSE WAS DR CONTRIB-E OF DEATH.  II FICANT CONDITION: EATH BUT NOT R CONDITION CAUSIN CONTRIB-E OF DEATH.	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NO IT.  PODITION FOR WHICH G REFORMED  21B. PLACE C home, form, etc.)  ON (Hour)  21E. INJU  WHILE AT WORK  Inquiry  Inspectors	OPERATION  OPERATION  OF INJURY (e.g., in of foctory, sheet, office of the control of the contro	20A. AUTOPSY? (Yes  Yes or obout 21c, WHE e bldg, INJURY Oc  21f. HOW  ILE  sy  Homicide	DID INJURY COOL OF ON THIS BOOL OF ON THIS BOOL CAL EXAMI	IF YES, WERE FINCERNIFYING CAUS Boltimore City, give control of the control of th	NDINGS CON SES OF DEATI ve exoct locat	H? Yes
Neor toilure, or injury or comp  AN DISEASES OF STATE OF THE UNDERLYING  OTHER SIGNIT TO THE DISEASE OF THE DIS	II meorolicotion which coused trecepent. CAUS R CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST.  II FICANT CONDITION LAST.  FICANT CONDITION CAUSIN CONDITION CAUSIN CONTRIBUTION CAUSIN CONTRIBUTION (Month) (Doy) (Yes)  Ty that I held on the from: Natural cause was contributed from: Natural causin Causin (Month) (Doy) (Yes)  Ty that I held on the from: Natural causin Causi	SES ANY, GIVING STATING THE ST	OPERATION  OPERATION  OF INJURY (e.g., in of foctory, sheet, office of the control of the contro	20A. AUTOPSY? (Yes Yes or obout 21C. WHE e bldg, INJURY OC 21F. HOW  LLE Sy X and th Homicide CHIEF MEDI SSISTANT MEDI SSOCIATE MEDI	of on this bo  CAL EXAMI  CAL EXAMI	IF YES, WERE FINE CAUSE Boltimore City, give CCUR?  Sis, death in matermined manner of the country of the count	NDINGS CON SES OF DEATI ve exoct locat	DATE SIGNED

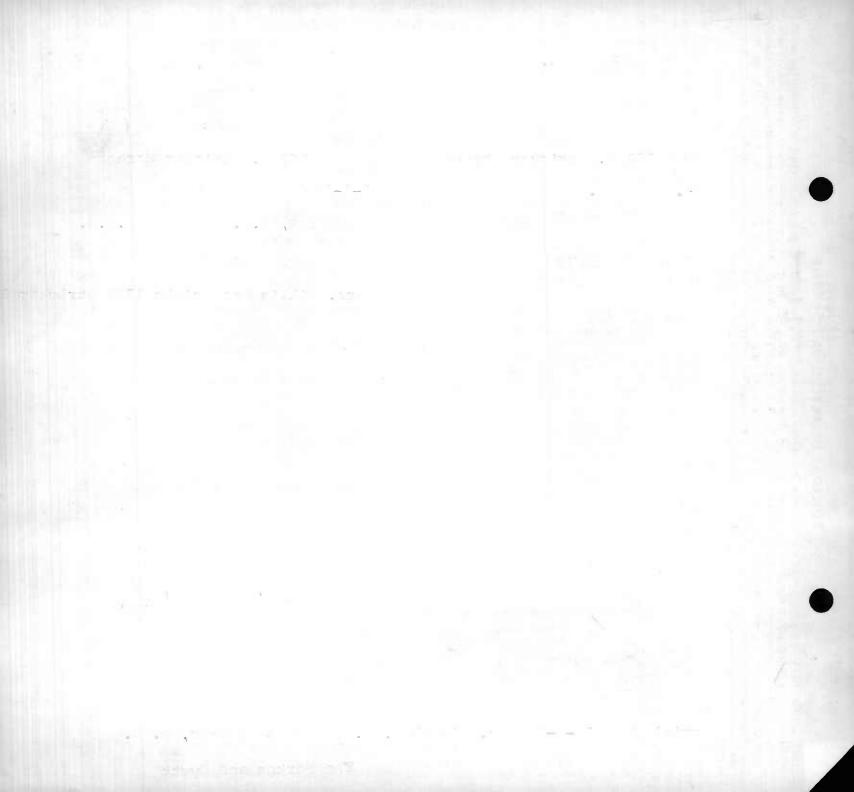




Thrones May Prade 



Robelle Mysoula Softent into ASSESTED Hopertusin Browne 035 20 Dundo 3 Us Jane A. Funda J. Butter Horse JAMES A. QUINCAW. JR.



Was

LO

BALTIMORE CITY HEALTH DEPARTMENT 66 12158 66 12158 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY ELIJAH CALLOWAY 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If autside city limits, write-RURAL and give-stownship) **INSTITUTION** BALTIMORE D. STREET ADDRESS (If jural, give lacation) JOHNS HOPKINS HOSPITAL 1519 Lamont Street 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 24 Hrs. Hours i Min. If Under 1 Yr. Manths: Days WIDOWED, DIVORCED (specify)
MARRIED lost birthdoy) Hours M. N. 4-2-1900 66 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sigte or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Fireman Bedford, Virginia U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES CALLOWAY MARTHA 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO 226-17-9320 Mrs. Elsie Calloway 1519 Lomont St. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the diseose, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. 11 CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIF 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID (If in Boltimore City, give exact lacotion) home, form, foctory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. Leertify that (1) this haspital) ottended the deceased from thot (I) 19 (we) lost sow the deceased alive on \_\_\_\_\_\_ and that ir((my) (our) opinion death accurred on the date ond hour ond from the couses stated above. (1) (We) (did) (did nat) view the bady ofter death, 23A. SIGNATURE 23B, DATE SIGNE M.D. Attending Med. Stall Phys. Director Phy s. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 24A, BURIAL CREMATION. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION town, ar county) REMOVAL (Specily) 12-7-66 Burial Manoba Cemeterv Stonewall Virginia 258 NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR

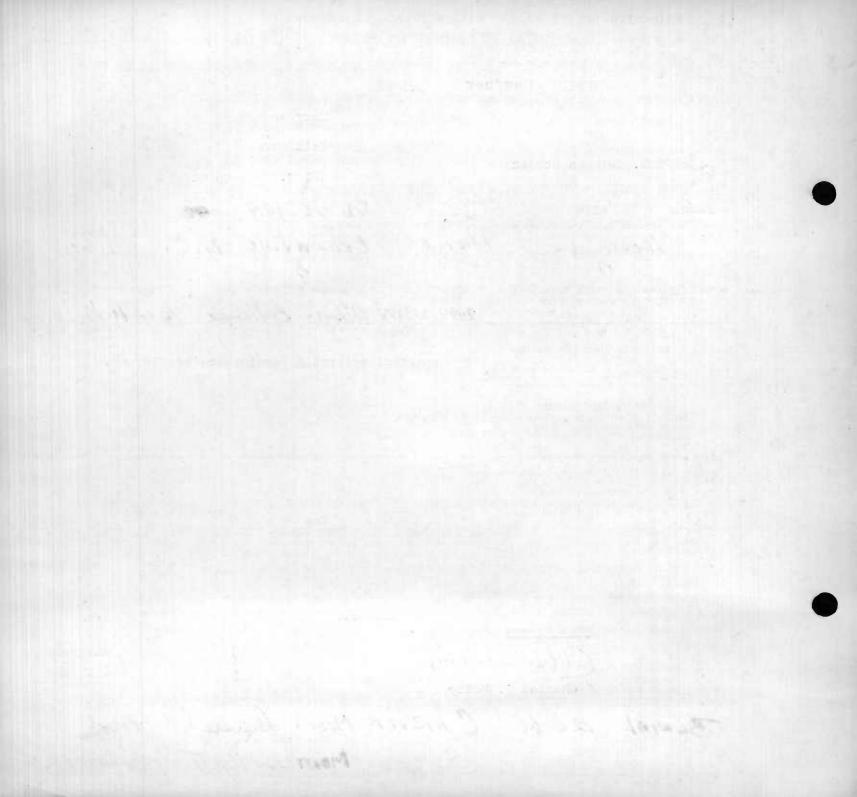
VS 150-REV. 1/1/65

Morton & Dvett F.H.

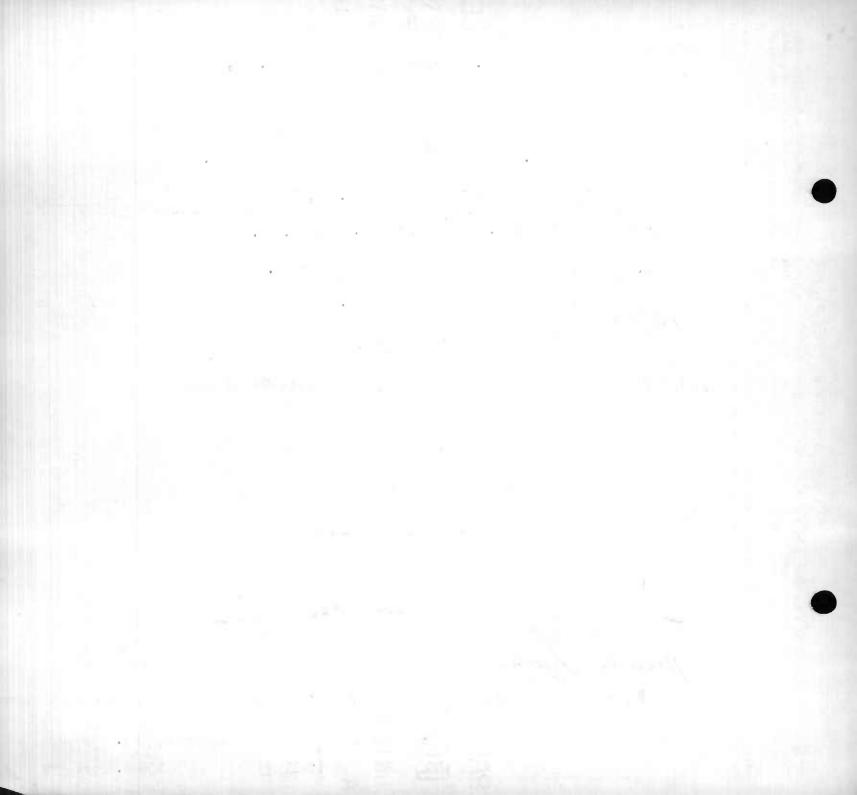
1701 Laurens S

State of the late the state of the s

BRTH NO. MEDI	CAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered Na. 60 12100
M.E. CASE NO.		
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
VENISHER	Gardner NELSON	December 2, 1966   9:20 A M.
3. PLACE IN BALTIMORE, MARYLAND, WE FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA' NSTITUTION	L OR INSTITUTION, GIVE STREET	A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
		Baltimore
502 N. Calhoun Str	eet	D. STREET ADDRESS (If rurol, give locotion) 502 N. Calhoun Street
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs
Female Negro	Sep.	Feb 25-1914 lost birthdoys Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most etyworking life, even if retired)  3. FATHER'S NAME	HOME.	11. BIRTHPLACE (Stote or foreign country)  CREENVILLE WAT COUNTRY?  14. MOTHER'S MAIDEN NAME
7		7
5. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown) (If yes, give wor or doles		17. INFORMANT ADDRESS
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of head foilure, asthenia, etc. It means injury or complication which caused death of the complication of the conditions, if an RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	dying e.g., the disease, eath.)  Arteri DUE TO  (B)	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REL DISEASE OR CONDITION (198, CONTROL TO THE DEATH BUT NOT REL DISEASE OR CONDITION (198, CONTROL TO THE DEATH BUT NOT REL DISEASE OR CONDITION (198, CONTROL TO THE DEATH BUT NOT REL TO THE DISTRIBUTION (198, CONTROL TO THE DEATH BUT NOT REL TO THE DEATH	ATED TO THE	
19A. DATE OF OPERATION 19B. CONE	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, form, factory, street, a	
OF INJURY (APPROX.) (Month) (Doy) (Year)		21F, HOW DID INJURY OCCUR?
22. I certify that I held an In	quiry Inspection Aut	apsy x and that an this basis, death in my opinion
EXAMINER'S	aules s Perry M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)  BURIAL 12-6-6	es S. Petty  23C. NAME of CEMETERY of CARVE	Men. Laurel, and.
DEC 5 1966	P. D. B. E. Farfry Make	MORTONA DIRECTOR ADDRESS  MORTONA DIRECTOR 170/ LAURENS



Contract of the second	00 100		BALTIMORE CIT	Y HEALTH DEPARTMENT		66 12160
ATH NO.	66 1216	0()	CERTIFICA	TE OF DEATH	Registered Na	. 00 12100
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	H
ype at Print)		ndrew	D. Hodgson			12:31 A
PLACE OF DE	ATH IN BALTIMORE MA		D. HordaoH	IA USUAL RESIDENCE (V	• 30, 1966	institution: residence before admis
				A. STATE B. CO	UNTY	might the found before before before
FULL NAME		or institution	on, give street	Maryland		
HOSPITAL OR	oddress or locatio	n)		C. CITY OR TOWN (If	outside city limits, write	RURAL and give township)
				Baltimore	0	15-0-
20					(If rural, give location)	
16	23 Patapsco S	it.		1623 Pata	psco St.	
SEX	6. RACE	7. MARRI	ED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Male	White		WED, DIVORCED (specify)	A 77 7076	lost birthdoy)	Months Doys Hours Mi
A. USUAL OCC	UPATION (Give kind of world		Married OF BUSINESS OR INDUSTRY	Aug. 17, 1916	oreign country)	12, CITIZEN OF
	working life, even if retired)				,,	WHAT COUNTRY?
Labor	er	Balto	. City Water De	pt. Balto. M	d.	USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN N	NAME	
Frad W	V Undagen			35	To also an	
. Was Decease	Hodgson  d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	Jackson	ADDRESS
es, no or unknow	n) (If yes, give wor or date	s of service	e) SECURITY NO.			
No				Mrs. Ida Hodg	son	1623 Patapsco St
1B. /	2 VI		CAUSE C	F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	PECTLY		2		ONSET AND DEATH
Distr	LEADING TO DEATH	VEC ILI	6	as enoma	the	
(This does	nal mean the made of	dvina e	q., DUE TO			
	, asthenia, etc. It means		ise,		1,	
injury or cor	mplication which coused	death.)	lu-	ar einoma	En thesis	
	ANTECEDENT CAUSES		(B)			
DISEASES	OR CONDITIONS, if	ony, giv				
	ne abave cause (A)	slaling	the (C)	************************************	0 0 <b>7 0 0 0 0 0 0 0</b> 0 0 0 0 0 0 0 0 0 0 0 0	
UNDERLYIN	G CONDITION last.					
	ll					
OTHER SIGN	DEATH BUT NOT RELA					
DISEASE OR	CONDITION CAUSING	iT.				
19A. DATE O	F OPERATION 198. CON		OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
TO THE DISEASE OR 19A. DATE O	WAS PER	FORMED			IN CEKIIFTING C	AUSES OF DEATH!
	ENT WAS UNDERLYING		218 PLACE OF INJURY le.g.,	n or about 21C. WHERE DID	(II in Boltime	ore City, give exact location)
	y medical examiner)		hame, form, factory, street, o	iffice bldg., INJURY OCCUR		
)						
OF INJURY	(Manth) (Day) (Year)	(Hour)	21E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
(APPROX.)			While At Not Whi			
20 1 11				72/60		117 24: 51 26 1
22. I certify	y that (I) (this haspito	I) attende		Vol wy	19 46 to 1	10 mule 29 1961
that (1) (we	) lost saw the decease	ed alive o	in Nov. 29	19 6 C and	that in (my) (aur) ap	pinian death accurred an the
and hour on	d from the causes sta	ted above	. (i) (We) (did) (did nat)			
23A, SIGNAT		. 50 00000	, (., e, (o.a) (ala 1lat)	The budy uner dear	110	23B, DATE SIGNED
n c	1	. 0	AA D AA	ending Med.	Stoff	11 mg
Juc	ando on	The c	M.D. Att		Phys.	130/66
23C. PHYSICI				23D. ADDRESS		
NAME	RICHRIDO	1,07	CADA M.D.	12,200	1.1 11	B16 = MO
A DUDIAL CO.				10173	com sto	godingo, Mix
A. BURIAL CRI	EMATION, 248. DATE	240	NAME of CEMETERY OF CR	EMATORY 24D	LOCATION	City, tawn, or county) (Ste
Buria		066	Foot Now Mar	lact	Donobaston	lo Má
	EL 12 3 19 D BY HEALTH DEPT.		East New Mar	2SC. FUNERAL DIRECT	Dorchester C	ADDRESS
		1 2 2 3	2. On Fail an			
	DEC 5 1966	Ulaka	TO SI MONNEY	Mc Cully	3	130 E. Fort Ave
2 2 50 BCLL 2 /1	/65					
150-REV. 1/1/						



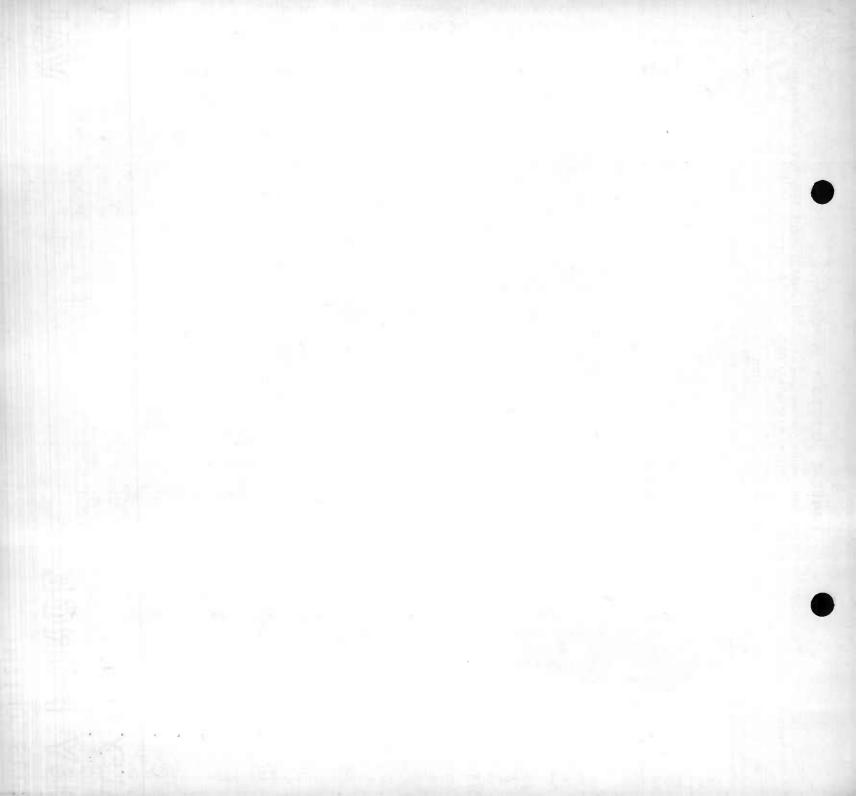
BIRTH NO.		MEDICA	L EXA	MINER'S C	ERTIFICA	IE OF L	EATH Registe	red Na	
M.E. CASE NO.		,,,,							
1. NAME OF D	ECEASED						HOUR PRONOUNCE	ED DEAD	10 55 5
	1		elma	DEAN			per 2, 1966		12:55 P M.
3. PLACE IN BA	LTIMORE, MARY	AND, WHERE	PRONOUNC	ED DEAD	A. STATE		deceosed lived. If insti B. COU	tution: resid	ence before odmission)
FULL NAME OF	E (IF NOT IN	HOSPITAL OR	INSTITUTIO	N, GIVE STREET	Ma	ryland			
HOSPITAL OR		OR LOCATION		AT, OFFE STREET	C. CITY OR TO	WN (If autside	carparate limits, write	RURAL an	d give tawnship)
III O II O II					Ва	ltimore	16-	07	
91	7 N. Monre	oe Stree	t		D. STREET ADD	DRESS (If rural,	give lacotian)		
00					91	.7 N. Mor	nroe Street		
5. SEX	6. RACE			VER MARRIED	B. DATE OF BIRT	гн	9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Hrs. Doys   Hours   Min.
Female	Negro	WID.	11:0	ORCED (specify)	Mart.	15 1911	7 49		
		ind of wark 108.	KIND OF BL	ISINESS OR INDUST	RY 11. AIRTHPLACE	(State or fareign	n country)	12. CITIZE	N OF
done during prost	of working life, even	if retired)			Lung	l. V	1 llindinia	WHAT	T COUNTRY?
13. FATHER'S NA	AME	ye)			14. MOTHER'S N	AAIDEN NAME	, ope joine		
711	:00	()	a ne m	111.	60	- 90	leman	1 .	
15. WAS DECEA	SED EVER IN U.S	ARMED FOR	CES? 16.	SOCIAL	17. INFORMANT	a co	cur, our	ADDRESS	0 01
(Yes, na ar unknow	wn) (If yes, give w	ar ar dates of s	ervice)	SECURITY NO.	12	- /	of ni	/	Lynchlu
na					Comm	unity	funeral Ha	me	Virginia
18.//	21/06	260 >	1	CAUS	E OF DEATH	//	/		ONSET AND DEATH
DISE	ASE OR COND	TION DIRECTL	Υ						
(TI)	LEADING TO			(A) Art	eriosclero	tic Car	diovascular	Disea	se.
heart fails	s nat mean the ire, osthenia, etc. camplication which	It means the	g, e.g., lisease,	DUE TO					
Injury di	campileanan which	coused dealin.						11	
	ANTECEDENT			(B)					
	S OR CONDITIC THE ABOVE CAU			DUE TO					
	YING CONDITIO	N LAST.		(C)					
6				(0)					111111111111111111111111111111111111111
OTHER S	II IGNIFICANT CON	IDITIONS CON	TRIBUTING						
O THE	DEATH BUT	NOT RELATED		Di	abetes Mel	llitus			
-	OF OPERATION		N FOR WHI	CH OPERATION	20A. AUTOPS	Y? (Yes at No)	208. IF YES, WERE FI	NDINGS C	ONSIDERED
2		WAS PERFORM			No		IN CERTIFYING CAU		
21 A. EXTERN	AL CAUSE WAS		21 B. PLA	CE OF INJURY (e.g.		WHERE DID	(If in Boltimore City, gi	ve exact lo	cotion)
	G□OR CONTRIB- AUSE OF DEATH.		hame, f	arm, factory, street,	affice bldg., INJUR	RY OCCUR?			
1 8			1225	INJURY OCCURRED	215 4	IOM DID INJU	IBY OCCUPS		
OF INJURY	(Month) (Do	ıy) (Year) (H				IOW DID INJU	JKI OCCOK:		
(APPROX.)			m. WHI	LE AT NOT	WHILE			3.11	
22.	ertify that I hel	d an Inquir	v I	nspection X A	utapsy an	nd that an thi	s basis, death in n	ny apiniar	
	ulted fram: No		_	ident Suici			Indetermined manne		
res	Ulfed fram: 140	/	ACC	den I		MEDICAL EX			
ACTU	AL (	$\mathcal{O}$		1-					DATE SIGNED
	TURE	hail	es s	elly M.	D. ASSISTANT A			1	12/2/66
	INER'S (Type)	harles S	S. Pett	y /	ASSOCIATE !	MEDICAL E	(AMINER		12/2/00
23A. BURIAL C	REMATION, 238	DATE	23C.	NAME OF CEMETERY	ar CREMATORY	23D, L	OCATION (City,	, tawn, ar c	caunty) (State)
REMOVAL (Spe	city)	2/3/6	12	100 t 1/20	606	16. 11	20/10 1	211.	4/4
24A, DATE REC	DRY HEALTH D	EPT 1240	NAME OF	REGISTRAP	24C. FUNE	RAL DIRECTOR	nevere c	A	DDRESS
Z-AN, DATE REC	DEC F	1000 A		7 4	101	- //	1 11.	100	2111
	TIPC D	1966 P	Lest	E. Forbeige	1) Willow	Coton BX/	Lullin	1721	11. Maurale
VS 151=REV. 1/	/1/65	1.70				11	1	1 /4-1	

12/5/5 Fred Will town I She Campledo

Respondence company 30 16 116 Pully A found

	E. CASE NO.	_63 (	CERTIFICA	ATE OF DEATH	Registered Na.	00 17,10
	Pig or Print)		TETT TO	2, DATE A	ND HOUR OF DEATH	. 0.
ì. I	PLACE OF DEATH IN BALTIMORE MA	ST BYLAND		IIA IISUAL RESIDENCE (W	3-66	8:
,	THE OF PERSONS AND	KI EAIND		A. STATE 8. COU	NTY	isinution: residence ber
	FULL NAME OF (If not in hospital oddress or location	ar institution, give str	reet	1/ar4	land	
	NSTITUTION OGGIESS OF IDECOMOR	1)		C. CITY OR TOWN	utside city limits, write	RURAL ond give town
4	-3			D CYREET ADDREA / C	-more	2/23
0	21 20 17.	(	111	II I'm	A C	1. 2
2	outh bottimore	GENETA	P MARRIEN	R DATE OF BIRTH	P. AGE (In years	If Under 1 Yr. If
/e J	m	WIDOWED, DIVE	ORCED (specify)	0 1000	lost birthdoy)	Months Days Hou
A À	USUAL OCCUPATION (Give kind of work	108, KIND OF BUSIN	I E CL.	8-14-1888	reign cauntry)	12. CITIZEN OF
on	e during most of working life, even if retired)	TOO. KIND OF BOSIN	1233 OK 1110031K	in in the contract (Store of to	na i	WHAT COUNT
	Will wright	Mill			lanyland	USA
3.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME &	
	Simon Ernst			There	sa Unknown	
5. Ye	Was Deceased Ever in U. S. Armed Forms, no or unknown) (If yes, give wor or date	ces? 16. SC	CURITY NO.	17. INFORMANT		ADDRESS
	No	2 2 2011/06/	COKITI NO.	Family		San
-	18.		CAUSE	OF DEATH		INTERVAL
	DISEASE OR CONDITION DIR	RECTLY				ONSET AN
	LEADING TO DEATH		(A)	acute 1	NT.	Lou
	(This does not mean the mode of heart failure, asthenia, etc. it means	dying, e.g.,	DUE TO			
	injury or complication which coused					
	injury or complication which coused	deom.)		1000 VI	70	(10
	ANTECEDENT CAUSES	deom.)	(8)	asevi	<u>) c</u>	ye.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	any, giving		asevi	<u>)</u>	Ye
	ANTECEDENT CAUSES	any, giving	(B)	asevi	Os	Ye
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.	any, giving	(C)		2 (	Ye.
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.	any, giving sloling the	(C)	Pretenejow	Dr uli	Ye.
ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CAUSING IN THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I	any, giving sloting the ONTRIBUTING TO THE	(C)	Prelenejow		Ye.
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last,  II  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON	ONTRIBUTING T.  DITTON FOR WHICH	(C)			Ges
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tast.  II  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 1  19A-DATE OF OPERATION 19B. CON WAS PERI	ONTRIBUTING TED TO THE T. DITTON FOR WHICH	(C)OPERATION	Pyelenegow  20A. AUTOPSY? (Yes or 1)  VES.	10) 208. IF YES, WERE IN CERTIFYING CA	
CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tast.  II  OTHER SIGNIFICANT CONDITIONS CAUSING INTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING INTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING INTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING INTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING INTO THE DEATH SUPPLY NOT THE CONTROL OF	ONTRIBUTING TED TO THE T. DITION FOR WHICH FORMED  218. PLACE hame, farm	OPERATION  E OF INJURY (e.g.,	Prelenejow	10) 208. IF YES, WERE IN CERTIFYING CA	
CAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CAUSING I DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON WAS PERFORMED.	ONTRIBUTING LIFED TO THE T. DITION FOR WHICH	OPERATION  E OF INJURY (e.g.,	Prelemeph 20A. AUTOPSY? (Yes or F JES. in or about 21 C. WHERE DID	10) 208. IF YES, WERE IN CERTIFYING CA	
EDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON WAS PERFORMED CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Yeor)	ONTRIBUTING LIED TO THE T. DITION FOR WHICH PORMED  218. PLACE hame, farm etc.)	OPERATION  E OF INJURY (e.g., factory, street,	20A. AUTOPSY? (Yes or 1)  In or about 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WERE IN CERTIFYING CA	
CAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CAUSING IN THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN THE DISEASE OF CONDITION CAUSING IN THE DEATH (A) THE DEAT	ONTRIBUTING LIED TO THE T. DITION FOR WHICH FORMED  21 B. PLACE hame, farm etc.)	OPERATION  E OF INJURY (e.g., n, factory, street,	20A. AUTOPSY? (Yes or f	No) 208. IF YES, WERE IN CERTIFYING CA	
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CONTROL TO THE CONTROL	ONTRIBUTING (TED TO THE T. DITION FOR WHICH PORMED  21 8. PLACE hame, farm etc.)  (Hour)  21 E. INJUE While At Work	OPERATION  E OF INJURY (e.g., factory, street, Not What Words)	20A. AUTOPSY? (Yes or F	208, IF YES, WERE IN CERTIFYING CA	e City, give exact loca
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CAUSEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CON WAS PERIOR OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	ONTRIBUTING STED TO THE T.  DITION FOR WHICH FORMED  21 8. PLACE hame, farm etc.)  (Hour)  21 E. INJUE While At Work  ) attended the dec	OPERATION  E OF INJURY (e.g., factory, street, Not What Words)	20A. AUTOPSY? (Yes or for the state of the s	208. IF YES, WERE IN CERTIFYING CA	e City, give exoct loca
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSING IN 19B. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	ONTRIBUTING ITED TO THE T.  218 PLACI hame, farm etc.)  (Hour) 21E INJUI Work  ) attended the dec	OPERATION  E OF INJURY (e.g., factory, street, Not What Work at Work a	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	IJURY OCCUR?	e City, give exoct loca
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS COORDITIONS COORDITIONS COORDITION CAUSING IN 19A. DATE OF OPERATION 19B. CON WAS PERFORMED CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yeer)	ONTRIBUTING ITED TO THE T.  218 PLACI hame, farm etc.)  (Hour) 21E INJUI Work  ) attended the dec	OPERATION  E OF INJURY (e.g., factory, street, Not What Work at Work a	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	IJURY OCCUR?	e City, give exoct loca
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSING IN 19B. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	ONTRIBUTING ITED TO THE T.  218 PLACI hame, farm etc.)  (Hour) 21E INJUI Work  ) attended the dec	OPERATION  E OF INJURY (e.g., factory, street, At Work of the work	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID IN the life bldg. The lif	208. IF YES, WERE IN CERTIFYING CA  (II in Boltimor  IJURY OCCUR?	e City, give exoct loca
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON WAS PERIOR OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (his hospital that (he) (we) last saw the decease and haur and from the causes state 23A. SIGNATURE	ONTRIBUTING ITED TO THE T.  218 PLACI hame, farm etc.)  (Hour) 21E INJUI Work  ) attended the dec	OPERATION  E OF INJURY (e.g., factory, street, At Work of the work	20A. AUTOPSY? (Yes or the state of the state	IJURY OCCUR?	nian death accurred
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS COORDITIONS COORDITIONS COORDITION CAUSING IN 19A. DATE OF OPERATION 19B. CON WAS PERFORMED CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yeer)	ONTRIBUTING ITED TO THE T.  218 PLACI hame, farm etc.)  (Hour) 21E INJUI Work  ) attended the dec	OPERATION  E OF INJURY (e.g., factory, street, At Work (did) (did nat)  M.D. Apple	20A. AUTOPSY? (Yes or file S. in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID IN it is a single side of the bady after death thending Med. Director 123D. ADDRESS	208. IF YES, WERE IN CERTIFYING CA  (II in Boltimor  IJURY OCCUR?	e City, give exoct loca
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21.D. TIME (Month) (Day) (Year)  21.D. TIME (Month) (Day) (Year)  21.D. TIME (Month) (Day) (Year)  22. I certify that (this hospital that (we) last saw the decease and haur and from the causes state 23A. SIGNATURE  23.C. PHYSICIAN'S NAME (Type)	ONTRIBUTING LIED TO THE T.  DITION FOR WHICH CORMED  218. PLACE hame, farm etc.)  (Hour)  21E. INJUI Work  A daive an  Led abave. (1) (We)	OPERATION  E OF INJURY (e.g., factory, street, Mot What Work at Work a	20A. AUTOPSY? (Yes or the second state of the second secon	19 66 ta Ahat in Stoff Phys.	e City, give exoct loca
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (This hospital that (We) last saw the decease and haur and from the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ONTRIBUTING ITED TO THE T.  218 PLACI hame, farm etc.)  (Hour) 21E INJUI Work  ) attended the dec	OPERATION  E OF INJURY (e.g., factory, street, factory, facto	20A. AUTOPSY? (Yes or 1)  20A. AUTOPSY? (Yes or 1)  20 S.  in or about 21 C. WHERE DID  office bldg., INJURY OCCUR?  21 F. HOW DID IN  iile  21 F. HOW DID IN  iile  A 3  19 GG and a  view the bady after death  Nending Med. Director  23D. ADDRESS  REMATORY  280.	19 66 to Stoff Phys. Location (C	2-3  nian death accurred  238. DATE SIGNED  12-5-6  ity, town, or county)
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21.D. TIME (Month) (Day) (Year)  21.D. TIME (Month) (Day) (Year)  21.D. TIME (Month) (Day) (Year)  22. I certify that (this hospital that (we) last saw the decease and haur and from the causes state 23A. SIGNATURE  23.C. PHYSICIAN'S NAME (Type)	ONTRIBUTING STED TO THE T.  DITION FOR WHICH FORMED  218. PLACE hame, farm etc.)  (Hour)  21E. INJUI While At Work  ) attended the dec ded alive an ed abave. (1) (We)	OPERATION  E OF INJURY (e.g., factory, street, Mot What Work at Work a	20A. AUTOPSY? (Yes or 1)  20A. AUTOPSY? (Yes or 1)  20 S.  in or about 21 C. WHERE DID  office bldg., INJURY OCCUR?  21 F. HOW DID IN  iile  21 F. HOW DID IN  iile  A 3  19 GG and a  view the bady after death  Nending Med. Director  23D. ADDRESS  REMATORY  280.	19 66 ta Ahat in Stoff Phys.	2-3  nian death accurred  238. DATE SIGNED  12-5-6  ity, town, or county)
MEDICAL CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CAUSING IN THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (1) (this hospital that (2) (we) last saw the decease and haur and from the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  REMOVAL (Specify)  A. BURIAL CREMATION, REMOVAL (Specify)	ONTRIBUTING STED TO THE T.  DITION FOR WHICH FORMED  218. PLACE hame, farm etc.)  (Hour)  21E. INJUI While At Work  ) attended the dec ded alive an ed abave. (1) (We)	OPERATION  E OF INJURY (e.g., factory, street, factory, street, factory)  Not What Work (did) (did nat)  M.D. A. P. M.D. A. P. M.D. A. C.	20A. AUTOPSY? (Yes or 1)  20A. AUTOPSY? (Yes or 1)  20 S.  in or about 21 C. WHERE DID  office bldg., INJURY OCCUR?  21 F. HOW DID IN  iile  21 F. HOW DID IN  iile  A 3  19 GG and a  view the bady after death  Nending Med. Director  23D. ADDRESS  REMATORY  280.	208. IF YES, WERE IN CERTIFYING CA  (II in Boltimor  1966 to	2-3  nian death accurred  238. DATE SIGNED  12-5-6  ity, town, or county)

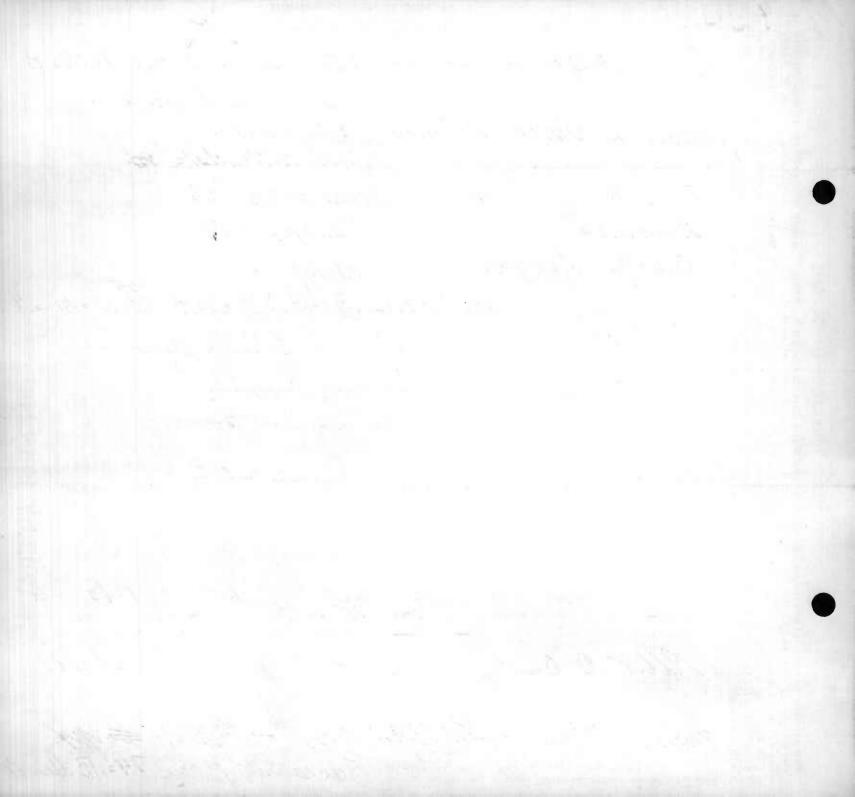
FUNERAL DIRECTOR: IMPORTANT



IMPORTANT

FUNERAL DIRECTOR:

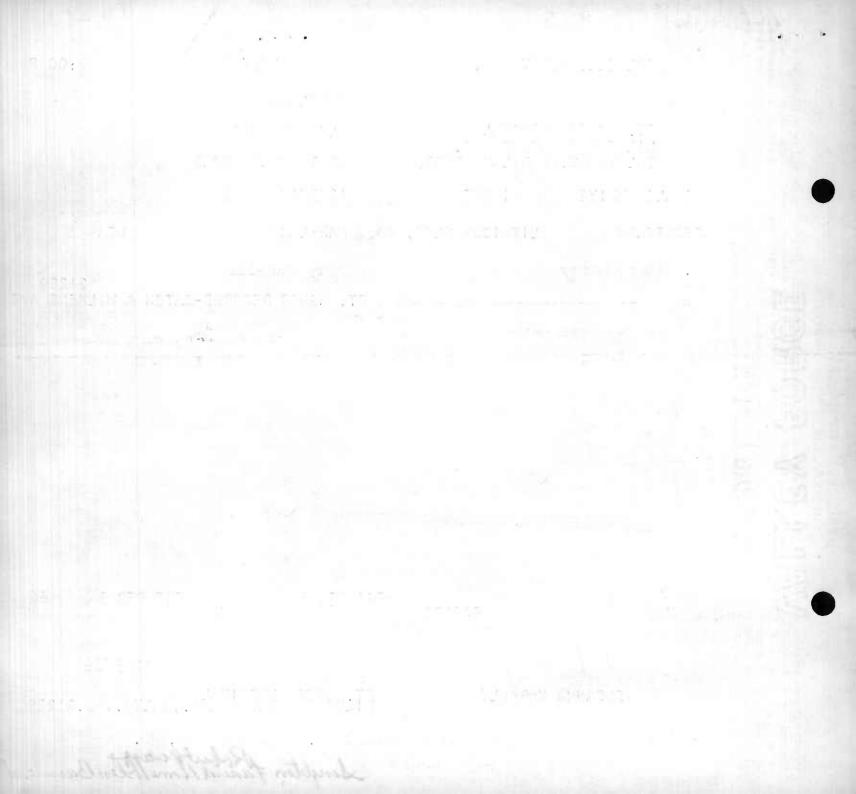
10	00	1010	BALTIMORE CITY	HEALTH DEPARTMENT		00 40404
	TH NO. OO _	12164	CERTIFICA	TE OF DEATH	Registered No.	00 12104
1. N (Ty)	pe or Print)	naeline	L. Mei	110th Dere	HOUR OF DEATH	6 11:48 AM
3.	PLACE OF DEATH IN BALTE	MORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If insti	lution: residence belore admission)
	FULL NAME OF (If not HOSPITAL OR oddres	in hospitol or institut s or locotion)		C. CITY OR TOWN (If outs	Ja / 1/10 0	RAL ond give township)
h	House in	VINES.	BelAire	D. STREET ADDRESS (If or	urol, give location)	53-00
ľ	70075			8005 Hill	endale	80/
5. 9	SEX 6. RACE		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9	AGE (In years ost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
0011	Housewith	A		Hancock	Md.	
13.	FATHERS NAME	, ,		14. MOTHER'S MAIDEN NAM	NE 7	
	JUSEPH	Lande	rps	Mary :		
15. (Ye	Wos Deceased Wer in U. S. s, no or unknown) (It yes, give	Armed Forces? wor or dates of servi	SECURITY NO.	17. INFORMANT		103ADDRESS
L			220-09-3192	Ethest A	Mellott	BUNKEARE Y
	18. 4. 3 4 1 1	1-260	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONE		(A) (1	cute Cerebro V.	anular Uzas	
	(This does not meon the heart lailure, asthenia, etc		e.g., DUE TO			
	injuly at complication whi		(44)	a latin Insil		
	ANTECEDEN		DUE TO	0.47	,	
	DISEASES OR CONDITION TISE to the obove of UNDERLYING CONDITION	ouse (A) stoting		ngester Host	- Farlans	
ATION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO	JTING THE	Distitus n	relleton	
RTIFICA	19A DATE OF OPERATION		OR WHICH OPERATION	(20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CAL CE	OR CONTRIBUTING CAL	SE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimore (	City, give exoct locotion)
ш	OF INTURY	oy) (Yeor) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
8	(APPROX.)		While At Work Not While At Work		, -	
1	22. I certify that (I) (thi	s hospital) ottend	ed the deceased fram	Syl:	96/ 10	12/3 1966
	that (1) (we) last saw th	e deceased alive	on Am	2519 ond the	t in (my) (evr) opinio	on death occurred on the date
		ouses stated abov	e. (I) ( <del>We)</del> (did) (d <del>id not</del> ) v	iew the body ofter death.		
	23A. SIGNATURE	n i	M.D. Alle	ending Med.	Stoff 2	3B. DATE SIGNED
1/	Cons L	Drade	Phy	s. Director	Phys.	12/3/66
	23C.PHYSICIAN'S NAME (Type)		M.D.	23D. ADDRESS		
24/	A. BURIAL CREMATION, 24	DATE 124		MATORY 24D. LO	CATION (City,	town, or county) (State)
x	REMOVAL (Specily)	2/5-/11	2. 1/26500	X Fire La	Hangle.	KA MI
25/	A. DATE REC'D BY HEALTH	DEPT. 258. NA	ME OF REGISTRAR	250 FUNERAL DIRECTOR	7-61	ADDRESS
1	DEC 6	1966 R.C	reb E. Jacker M.M.	Was soland	1 Home	740/13 dhen 1
VS	150-REV. 1/1/65	1-4/4		U Carrier II		The same of the



IMPORTANT

DIRECTOR:

FUNERAL



	66 10400	BALTIMORE CITY	HEALTH DEPARTMENT		66 12188
1	TH NO. 66 12166	CERTIFICA	TE OF DEATH	Registered No	00 12100
	AME OF DECEASED	0 1	2. DATE ANI	D HOUR OF DEATH	-39
	EMMA	SCH CODET	5KI- 17	14/66	A M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: rosidanco before admission)
	FULL NAME OF (If not in hospital or institut	ion, givo stroet	ma		Belto. Co
	HOSPITAL OR oddross or location) NSTITUTION	Mossa	C. CITY OR TOWN (If outs	sido city limits, write RU	RAL and give township)
	Md bEN H	OSPINAC	BALTO		63-00
	46 BALTO MO	21201	2017	ural, give location)	
				HIO AVE	
5. 5		RIED, NEVER MARRIED DWED, DIVORCED (specify)  MARRIED	01-29-98	ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
		UN Home	1/4		USA
13.	FATHER'S NAME	2,000	14. MOTHER'S MAIDEN NAM	AE.	0(-1)
	JAMES CH	DISTABLICA	Alala	m1/ R1/	
S.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	111004	ADDRESS
(Ye:	s,no or unknown) (If yes, give wer or dates of serv		1/2 71	011.1	
	NO	220-24-5202	Kenneth	K Koskene	n MD
	1B. 420,11	/CAUSE OF		29 2,5 0	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cok	ANT. DESCENOI	150811 VEC	2/1
	(This does not mean the made of dying,	e.g., DUE TO			
	heart foilure, osthenia, etc. It means the dise injury or camplication which caused death.)	ase, ANTE	Rus ciero 1u	HARRY OL	Jagge
	ANTECEDENT CAUSES	(B)		*******************************	
	DISEASES OR CONDITIONS, if any, gi	DUE TO			
	rise la the above cause (A) stating		minip m v = 8 8 0 0 0 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
	UNDERLYING CONDITION last.		11700		
z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
ATION	TO THE DEATH BUT NOT RELATED TO	THE			
CA	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No)		IDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		Voc	IN CERTIFYING CAUS	ES OF DEATH?
S	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 24 C. WHERE DID		City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	homo, form, factory, stroot, off etc.)	ico bidg., INJURY OCCUR?		
EDIC	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
X	OF INJURY (APPROX.)	While At Not While			
	4	Work At Work	7/21/		111
	22. I certify the (this hospital) attend	ed the deceased from	- / /	9 66 10	214 19.66.
	that (1) (we) Jast saw the deceased alive	on 144	19 4 6 ond tho	t in (my) (ur) opinio	on deoth occurred on the date
	and hour and from the couses stated above	e. (I)((We) (did) (did not) vi	ew the body after death.		
	23A. SIGNATURE			2:	B. DATE SIGNED
	Kenneth R Kasky	men M.D. Atter		Stoff Phys.	12/4/16
	23C.PHYSICIAN'S	,,	3D. ADDRESS	,	
	NAME (Typo) Ke North R.	Kackielan/ M.D.	md GEN A	LOSP BAL	TO made
244	BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CRE			town, or county) (State)
6	REMOVAL (Specify)	1.101	0 -	14	-7 /
25	CONTAL 12/7/66 P	-0400n PARK	Comeliny Ba	elle.	ma.
23 P	DEC 6 1966 (1258. NA	ME OF REGISTER	25C. FUNERAL DIRECTOR	Kobert Pera	ADDRESS
	1000 1000		Singleton Fre	newal Home	Elon Burne 13
VS	150-REV. 1/1/65				

THE SEA WELL SHATE SALTE SELS OND AND 80 88-96-10 GRISSAM W NEWE COUR HORSE VA JAMES CHRISTOPHER ANNA MICEY The many of themeth of the war of the 324 General Residence 101410 X Herveth T. Westiner mid EEN HEEF WALTER INT. Burish while Leader has Courty Edde. 200

66 12167

BALTIMORE CITY HEALTH DEPARTMENT

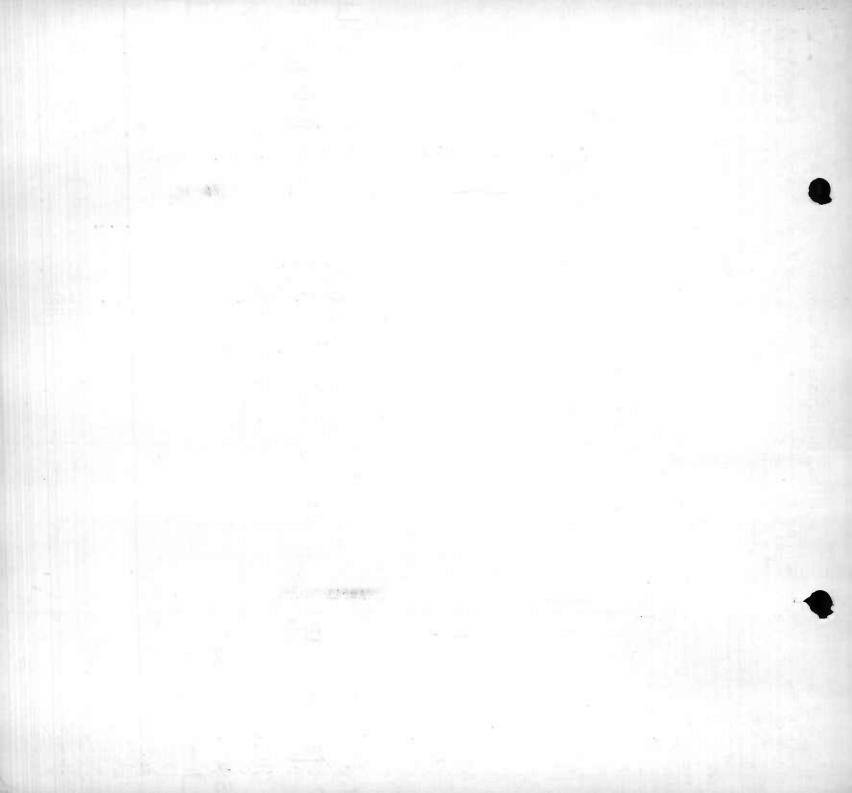
66 12167

BIRTH NO. MED	ICAL EX	CAMINER'S C	ERTIFICAT	TE OF DE	ATH Registe	red Na		
M.E. CASE NO.						V		
1. NAME OF DECEASED (Type or Print)	201111	WWW.W. V CAM.	ICOMIC		OUR PRONOUNC		0 =0	
	PAUL	HERAUT			er 3, 196		3:50	P .M.
3. PLACE IN BALTIMORE, MARYLAND, V		ITION, GIVE STREET	A. STATE	aryland	eosed lived. If inst B. COL ANT	IE ATL	ındel	
HOSPITAL OR ADDRESS OR LOC	ATION)				orporote limits, write		P	hip)
40				ALCIMONO A	Glen Bur	uls,	Ma. 00	(+00
South Baltimore Gene	eral Hos	pital		//BalVVmah		or Bay	lor Rd	
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRT	H H	9. AGE (In years lost birthday)	If Unde	r 1 Yr. If Unde	er 24 Hrs.
Male White	Sinc	DIVORCED (specify)	19 Jult	1944	22	Manths	Days   Hours	Min.
IOA. USUAL OCCUPATION (Give kind of wo					o untry)	12. CITIZ		-
done during most of working life, even if retired) Fireman	Balto	City F.O.	Anne Ar	undel Ma	ryland		S.A.	
13. FATHER'S NAME		,	14. MOTHER'S M					
John L. Herauf			Natali	e F. Joz	wiak			
15. WAS DECEASED EVER IN U.S. ARME (Yes, na orunknawn) (If yes, give war ar dol	D FORCES? es of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	S	
Yes 1963 - 1964	+	218-42-1671	John L.	Herauf -	Same as	# 4		
18.		CAUSE	OF DEATH				INTERVAL B	
DISEASE OR CONDITION D							ONSET AND	DEATH
LEADING TO DEAT		(A) C	erebrocra	nial inju	ries			
(This does not meon the mode a heart failure, asthenia, etc. It menn injury or complication which coused	s the disease. death.)	006 10						
ANTECEDENT · CAUS	• •							
DISEASES OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO				••••••••••		
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST,	TATING THE							
NO		(C)						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN TIPA. DATE OF OPERATION 1198. CO	CONTRIBUTION	16		West of the	ALL DE			
TO THE DEATH BUT NOT R	ELATED TO T	HE						
19A. DATE OF OPERATION 19B. CO		WHICH OPERATION	20A, AUTOPSY	? (Yes or No) 201	3. IF YES, WERE FI	NDINGS C	ONSIDERED	
11-29-66 WAS PE	dural H		Yes	IN	CERTIFYING CAU	SES OF DE	EATH?	
21A, EXTERNAL CAUSE WAS	218	PLACE OF INTURY (A.C.	in ar about 21C. V	VHERE DID (IC	n Baltimara City ai	un avant l	na ation l	. 1
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)	form, foctory, street, o	of	Mc Comas	Highway	- 680	reet no	ortn
21D TIME (Manth) (Doy) (Yes	or) (Hour) 2	E. INJURY OCCURRED		OW DID INJURY			Y	7
	1:25 Am.	HILE AT X NOT AT W	WHILE F	ell from	moving Fi	re Eng	gine	
22. I certify that I held an	F-1		-	d that an thic l	oasis, death in r	ov solole		
resulted fram: Natural co	F=1	ccident X Suicid	[]		letermined mann			
A.	0	CCIdent X 301CId		EDICAL EXAM		er		
ACTUAL (Sant	(8)	Jink	ASSISTANT M				DATE SI	GNED
EXAMINER'S Charles	C Comi	M.D.	ASSOCIATE M		p-000g	Decemi	ber 4,	1966
NAME (Type)	S. Spri	hgate, M.D.						
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23	C. NAME of CEMETERY of	CREMATORY	23 D. LOC	ATION (City,	, town, ar	county)	(Stote)
	.66 G	len Haven Me	emorial P	k. Glen	Burnie.	Md.		
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR	+ Pedare	_ ′	ADDRESS	
DEC 6 100	S A D	6- Q 7- D. W.	Singl	eton Fur	eral Hom	e/Gle	n Burni	e, M
VS 151-REV. 1/1/65	V Visita	Z TOWN						
1003	0							

execution furnished to the Edward 

Windows T. Terly We Court days Table out Bridge Comment of the Comment of the

46-49-661	1	6	66 12169		BALTIMORE CITY	HEALTH DEPARTMENT		66 12169
11 2 200 -		repriso.	10 TS 102		CERTIFICA	TE OF DEATH	Registered No.	00 12103
an leat ase sase Suc	1. N	E CASE NO.	ASED Harr	is Len	M8M	2. DATE AN	D LUG	16.28
of Oec	3. 1	LACE OF DEAT	TH IN BALTIMORE, MA	RYLAND	1301	4. USUAL RESIDENCE (When	re deceased lived. If inst	itution: residence before odmission)
hospital ise of d (5) Dece ance on death.		FULL NAME OF	(If not in hospital	or institution, gr	ive street	MARYLAND	··-	
a h gaus se; (	1	FULL NAME OF HOSPITAL OR NSTITUTION	BALTIMORE C	n)			tside city limits, witest	IRAL and give township)
			4940 EASTER			BALT IMORE D. STREET ADDRESS (III	rural, give location)	The Garage
9 = 7 - 6 9		01	BALTIMORE, 1	MARYLAND	21224	1357 FREAMONT	AVE. #2123	7
th occurre contribut letermined in regular eceased p		ALE	6. RACE NEGRO	UNKN	SHIN Wide wed	1000 17	76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
det det			orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	VIRGINIA	gn counsy)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
if de ect of was the sposif	13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME	
At (4) th was disposed		Un	Known			unknow	vh	
D D D D O -	15. Yes	Was Deceased F	Ever in U. S. Armed For (If yes, give wor or dote	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
assistant if the dir y kind; of death iance on r final distributions.		NO				RECORDS: BCH	4940 EASTERN	AVE. #21224
APO his as fany nced enda d or		18. 7 8	XI		CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
- CO+ E 0 T			E OR CONDITION DI	RECTLY	(A) He	povalenic S Sable Gastr Bleedin	Shoek	12 hrs
		heart foilure, o	of mean the mode of osthenia, etc. II means	the disease,	DUE TO	<b>+</b> • • • • • • • • • • • • • • • • • • •		0000
O := E B = E			NICOLION Which coused		(B) Pro	bable Gash	ontestinal	2 days
0 0 5 4 5 0 0			R CONDITIONS, if		DUE TO	B(sedin	9.	
2 ° 6 6 = 5		rise to the	obove couse (A)		(C) CV	Muy le	syn	
L DI Bedica Gical Prins; Vsicia Was			11					
	ATION	TO THE DE	ATH BUT NOT RELATIONS CONDITIONS CONDITION CAUSING	ATED TO THE	Antonos	sclenosis		
FUNERA ne chief me by a med 2) Body bu re the phy physician fore the rei	ERTIFICA	19A. DATE OF	OPERATION 198. CON	IDITION FOR W	HICH OPERATION	YES	1 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
_ == 0 = 0 = 0 = 0	10	21A. ACCIDENT	T WAS UNDERLYING TING CAUSE OF	21 B, 1 home etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	ar obout 21C. WHERE DID ince bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
osp osp ost v (6)	MEDI		(Month) (Doy) (Year)		e At Not While	21F. HOW DID INJ	URY OCCUR?	
prove the h ny nc excep and		22. I certify t	hat (1) (this hospito	I) ottended th	e, deceased from )	April 20,	19 60 10 NO	vember 30 19 66.
0 0 0		that (I) (we) I	ost sow the deceose	ed olive on 1		16	ot in (my) (our) opini	on deoth occurred an the date
st be a ased to dent of death)				ted obove. (I)	(We) (did) (did not) v	lew the body ofter deoth.		
3 6 0 2 2		23A. SIGNATUR	E	1.5	M.D. Atte	nding Med.		23B, DATE SIGNED
E O O B + D		23C. PHYSICIAN	esyn	Simer	Phys	Director Director	Stoff Phys.	Nov 30, 1966
was r An a L at c prior		PHYSICIAN NAME (Typ			M.D.	4940 EASTERN A	TENITE #2122/	
	244	BURIAL CREM	ATION, 24B, DATE	PH SILVA	ME of CEMETERY OF CRE			, town, or county) (State)
ET O O -	1	Burial	12-6-	66 M7	+ Aubum C	em. B	a/to.	Md.
This cer the bod shows: was D.G decease	25A		BY HEALTH DEPT.	25B. NAME, O	F REGISTRAR	25C. FUNERAL DIRECTOR	1011-	ADDRESS
* + + 2 3 4 3		<u> </u>	FC 6 1966	DO. 5	E Falmer?	Sullivantin	ral Home-	N. Arlington Ave.



## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

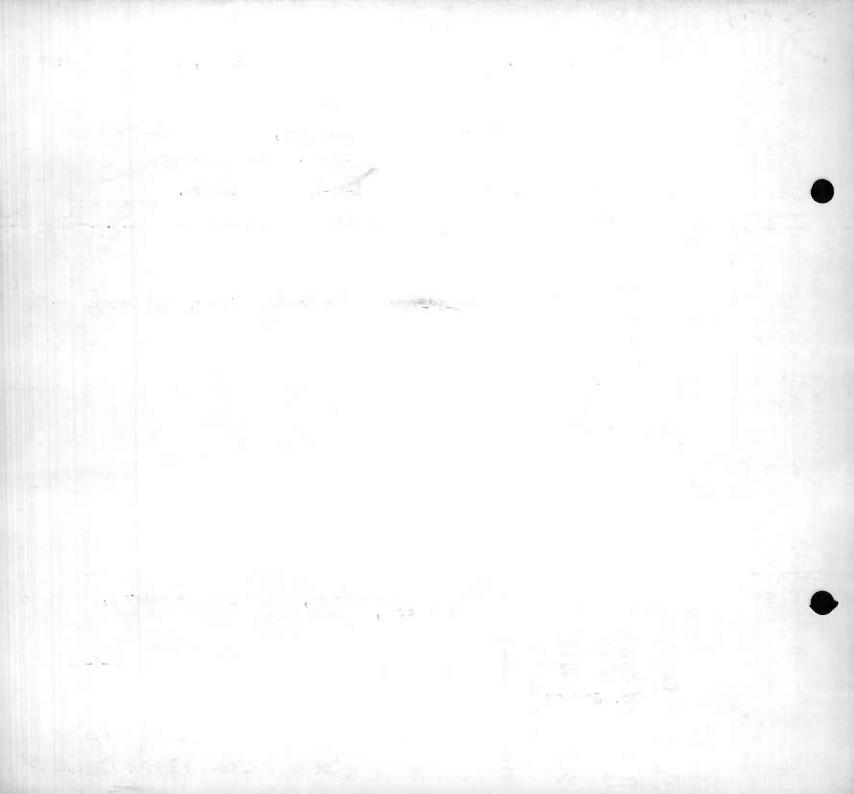
BIKIN NO.	MILL	ICAL LA	MAIII AFIC 2 C	LKIIIICA	IL OI DEATH Regist	0100 1100	
M.E. CASE NO.							
1. NAME OF D (Type or Print)		NORMAN	FAULKNER		December 3, 1966		12:30 P. M.
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If in B. CO		
FULL NAME OF	UF NOT IN HOSPIT	TAL OR INSTITU	UTION, GIVE STREET	Ma	aryland		
HOSPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOV	VN (If outside corporate limits, wri	te RURAL ond	give township)
38 Univ	versity Hospit	:al			rappe RESS (If rurol, give locotion)	70	7-00
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTI	H 9. AGE (In years	If Under 1	Yr. If Under 24 Hrs
Male	White	never	DIVORCED(specify)  Z. married	The second secon	26, 1910 lost birthdoy) 57		bys Hours Min.
	CUPATION (Give kind of wo of working life, even if retired) NEA			Maryl		12. CITIZEN	OF COUNTRY?
13. FATHER'S NA				14. MOTHER'S M	AIDEN NAME		
R. J.	ames Faulknes	r		Man	tha (oleman		
15. WAS DECEA	SED EVER IN U.S. ARME	D FORCES?	16. SO CIAL . SECURITY NO.	17. INFORMANT	<u> </u>	ADDRESS	Da Herri
110 A	Will 11	es of service	Unkn.	Enhaiam	Diefenderfer, T.	rappe. 1	W.
NB.	100.2			E OF DEATH	s broker mereperty 17		TERVAL BETWEEN
DICE	ACT OR COUNTRION D					0	NSET AND DEATH
DIZE	ASE OR CONDITION D LEADING TO DEAT			Cerebrocra	anial injuries		
(This does	s not meon the mode ore, osthenio, etc. It meon	f dying, e.g., s the diseose,	DUE TO	OCICOLOCIC	iniai injuites		
injury or o	complication which coused	de oth.)					
	ANTECEDENT CAUSI	S				- 14-17	
	OR CONDITIONS, IF		DUE TO		***************************************		
	THE ABOVE CAUSE (A) STING CONDITION LAST.						
Z			(C)	***************************************			
OTHER SI TO THE DISEASE	II					3	
OTHER SI	GNIFICANT CONDITIONS DEATH BUT NOT RE						
DISEASE	OR CONDITION CAUSIN		WHICH OPERATION	LOOA AUTORCY	2 (V N - \	CINIDINICS CON	LCIDEBED
DATE OF	WAS PE	RFORMED			? (Yes or No) 20B. IF YES, WERE FIN CERTIFYING CAU	JSES OF DEAT	H?
12-2-	AL CAUSE WAS	essed sl	kull fracture	Yes	VHERE DID (If in Boltimore City,	rive great loss	tion
UNDERLYING	OR CONTRIB-	home etc.)	, form, factory, street,	office bldg., INJURY	OCCUR?	give exoci locol	110117
#	OSE OF DEATH.		Saw mill		astern Saw Mill	70	-00
OF INJURY	(Month) (Doy) (Yes		TE. INJURY OCCURRED	21F. HC	OW DID INJURY OCCUR?		
(APPROX.) 1	2-2-66 about	9:45 A.	WHILE AT X NOT	WHILE I	og struck subject	on head	i
22.	ertify that I held an	Inquiry	Inspection Au	itapsy X and	that an this basis, death in	my aninian	
					de Undetermined man		
res	ulted from: Natural co		Accident X Suici	_	EDICAL EXAMINER	ner 🔛	
ACTU	AL (1/1)		1.				DATE SIGNED
SIGNA	TURE	70,0	you M. E	**	EDICAL EXAMINER X		
NAME	(Type)		ingate, M.D.			ecember	
23A. BURIAL CI REMOVAL (Spec		23	C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (Cit	ly, town, or cou	nty) (Stote)
Buria	1 //	1966 U	pper Bambury	(emetery	Trappe, Md.	AD	DRESS
	mm - 0 1000	00	070	11/12	ICE E. NEWNAM & S		- 10
VS 151-REV. 1/	DEC 6 1968	Hobel	5 E. Farkur.	771070	C. Temania 3	010, (00)	corty rue
V3 ISI=REV. I/	N &	1102	1				

The transfer of the second second and the State of the second and the second se 

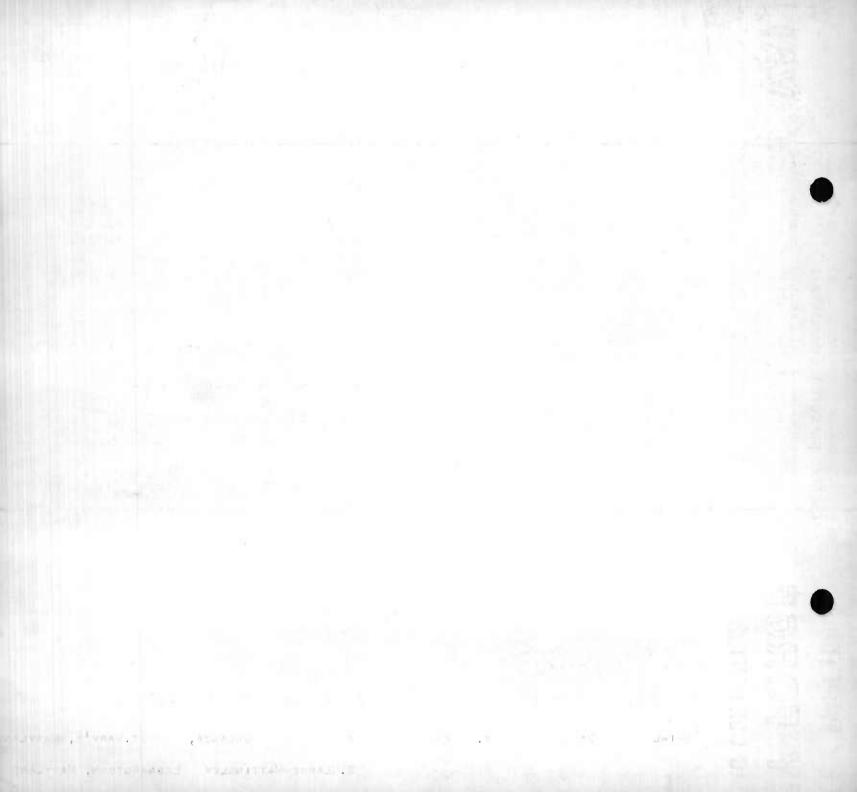
IMPORTANI

DIRECTOR:

FUNERAL



Harrist Control Contro



IMPORTANT

DIRECTOR:

FUNERAL

Marchad Ballman Union Memorial Hospital Gallinson April Falls Road Male White Manacol 9/27/05 61 Court Court Chart Court Court Mary land Court Separate GRACE ErFORd Samoel Frie Ola Holon to Favor day - 1 Lor pomorale 2° To Indianaly perpendit Comment antimopulation of Allegarian T = C ) T = T

## 66 12175 BALTIMORE CITY HEALTH DEPARTMENT NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12175

M.E. CASE NO.									
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD								
CONNIE	TRAYNE		December 1, 1966 9:30 A <sub>M</sub> ,  [4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission						
B. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA NSTITUTION	AL OR INSTITUT		A. STATE Mar C. CITY OR TOWN	yland (If outsid	e corporote l	B. COL	YTY		
Ho St. Agnes Hosp	ital		Baltimore  D. STREET ADDRESS (If rurol, give locotion)  592 W. Biddle Street						
Sex 6. RACE Female Colored		VORCED(specify)	8. DATE OF BIRTH		9. AGE lost birth			nder 1 Yr. If U	
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTI	Virgini	a				TIZEN OF	RY?
Henry Conaway			Missie	DEN NAM	E				
5. WAS DECEASED EVER IN U.S. ARMED (les, no or unknown) (If yes, give wor or dole	s of service)	6. SOCIAL SECURITY NO.	Mr Wesle	y Tra	ynham	592	W	Biddle	St
COLUMN CONTROL OF CONT	dying, e.g., the disease, deoth.)  NY, GIVING THE  CONTRIBUTING LATED TO TH	(B)	tensive Car	diovas	cular	Disea	se		
DISEASE OR CONDITION CAUSING	DITION FOR W	HICH OPERATION	20A. AUTOPSY?	Yes or No)	20 B. IF YES,				yes
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  ZID TIME (Month) (Doy) (Yeor	home, etc.)	ACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C. Whoffice bldg., INJURY	ERE DID	(If in Boltimo		ive exoc	ct location)	
OF INJURY (APPROX.)	m. WI		WHILE						
1 certify that I held an Incresulted fram: Notural car		Inspection Accident Suici		, 🗌	is basis, d Undetermin	ed mann			SIGNED
ACTUAL SIGNATURE	Steile	why had	ASSISTANT ME					DATE	SIGNED
		ecker, M.D.	ASSOCIATE ME	DICAL E	AAMINER			12/1	/66
TAME (Type)			CD5144555	1025	00121011	4.49.11			(FA-1-)
KIIdi Gar	23C.	NAME OF CEMETERY	or CREMATORY		OCATION			or county)	(Stote)

Secret of SAM 19

Ideas to Same ay State of Same and Same

# BIRTH NO. 121-15427 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 12176

M.	E CASE NO.	10/10/1							
1. (Tv	Pe or Print)	CEASED				2. DATE AND HOUR PRONOU	NCED DEAD		
,	, , , , , , , , , , , , , , , , , , , ,	H	IELEN	ROGERS		December 4, 19	966	4:10	A.M.
3. 1	PLACE IN BAL	TIMORE, MARYLAND	, WHERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where deceased lived, If i	n stitution: res	idence before or	dmission)
E11	LL NAME OF	UE NOT IN HO	CRITAL OR INICTITE	IMONI CIVE STREET					
HO	SPITAL OR	ADDRESS OR LO	OCATION)	JTION, GIVE STREET	C. CITY OR TOV	aryland VN (If outside corporate limits, v	vrite RURAL c	and give townsh	nip)
IIA 3	MOITUTION				D.	11-	19		
C.	Me:	rcy Hospita	1	(DOA)		altimore 7 RESS (If rurol, give locotion)	0	147	
6	79		-	(DOA)	1.	F27 At	4.22		
5. 5	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	537 Aisquith Stre	rs If Unde	or 1 Yr. If Under	24 Hrs.
	E-mala	37	WIDO WED,	DIVORCED (specify)	· land	lost birthdoy)	Months	Doys Hours	
	Female	Negro		hild	4/27/6				<u> </u>
don	o during most of	working life, even if retir	ed)	BUSINESS OR INDUSTRY	III. BIRTHPLACE	Stote or foreign country)	12. CITIZ	EN OF AT COUNTRY?	
						ore Md	U	SA	
13,	FATHER'S NAN				14. MOTHER'S MA	AIDEN NAME			
	Harvy	Rogers			Annie	Chambers			
15.	WAS DECEASE	D EVER IN U.S. ARA	MED FORCES?	16. SO CIAL	17. INFORMANT	-19	ADDRES	S	
Te	s, no or unknown	(If yes, give wor or	dotes of service)	SECURITY NO.	Mrs J	Jessie McMorris	2006	Robb St	
	110					resolte materiles	2000		
	18. E 1/	6.0		C AU SE	OF DEATH			ONSET AND	
	DISEA	SE OR CONDITION							
	/71:	LEADING TO DE		(A) Asphyx	ia by carb	on monoxide			
	heort foilure	not mean the mode, osthenio, etc. It me	eans the disease,	DUE TO					
	injury or co	mplication which cous	sed deoth.)						
		ANTECEDENT CAL	USES	0.					
		OR CONDITIONS,		(B) U(	onflagrati	Lon			
	RISE TO TH	E ABOVE CAUSE (A	STATING THE	DOE 10					
z	ONDERCIN	NG CONDITION LA	31.	(C)					
ō		11							
X	OTHER SIG	NIFICANT CONDITIO	NS CONTRIBUTION	NG .					
E	TO THE	R CONDITION CAUS	RELATED TO T						
CERTIFICATION	19A. DATE OF			WHICH OPERATION	20A ALITOPSY	? (Yes or No.) 208. IF YES, WERE	FINDINGS (	ONSIDEBED	
CE	1		PERFORMED	THE OF EXAMEN		IN CERTIFYING CA			
	21 A FYTERN A	L CAUSE WAS	018	DI ACE OF INITIES (-	No	Wene DID W. D. W.			
O	UNDERLYING	NOR CONTRIB-	home	, form, foctory, street, o	ffice bldg., INJURY	HERE DID (If in Boltimore City, OCCUR?	, give exoct I	ocotion)	-
MEDICAL	UTING LCAU	SE OF DEATH.	etc.)	house		1516 Holbtook St	reet	9-0	1.9
Σ	21D TIME	(Month) (Doy) (	(Year) (Hour) 2	1E. INJURY OCCURRED	21 F. HC	W DID INJURY OCCUR?	1	1	
	(APPROX.)	12-4-66 3	:08 A	VHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	A/MILE (TD)	oor of burning ho	und on	second	
	22.	tify that I held an							
						that an this basis, death in		""	
	resul	ted fram: Natural	causesA	ccident X Suicide			nner		
	Ta 11	11	00	0-0	CHIEF ME	EDICAL EXAMINER		DATE SIG	NED
	SIGNAT		als J.	do gat M.D.	ASSISTANT ME	EDICAL EXAMINER		DATE SIG	RED
	EXAMIN	innte		1-		EDICAL EXAMINER	Decem	ber 4, 1	966
	NAME (	Type) Charles		gate, M.D.		EDICAL EXAMINEN	Decem	DCI +, 1	
	BURIAL CRE	y)		C. NAME of CEMETERY of	CREMATORY	23D. LOCATION	City, town, or	county) {:	Stote)
0.4	Burial		8/66	Mt Auburn C	enetry	Baltimore Me	d	ADDRESS	
241	. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	AL DIRECTOR		**	
		DEC 8 19	66 R.C.	re, Falling	Adolp	hus Halstead 1	206 W	North A	ive
146	1.61 per/ 1.71	11.5	7 1		7 1				

BALTIMORE CITY HEALTH DEPARTMENT

	EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.	3.1.1.1
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAL	
(Type or Print)  JAMES	ROGERS		. / . 10 . 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI		December 4, 1966  4. USUAL RESIDENCE (Where deceased lived. If institution: re A. STATE Maryland	4:10 A.M. sidence befare admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION)	TITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL	ond give township)
Mercy Hospital	(DOA)	D. STREET ADDRESS (If rurol, give location)	
5. SEX 6. RACE 7. MARRI WIDO WE	ED, NEVER MARRIED		er 1 Yr. If Under 24 Hrs. Doys Hours Min.
done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITI	ZEN OF AT COUNTRY?
13. FATHER'S NAME Harvey Rogers		14. MOTHER'S MAIDEN NAME Annie Chambers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)		Mrs Jessie McMorris 2006 R	ss lobb St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e heart failure, asthenia, etc. It means the disease injury or complication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	G (B) Due to DUE TO COLUMN (C)	cxia due to carbon monoxide  conflagration  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E	
UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 12-4-66 2:09	house    21E. INJURY OCCURRED	1516 Holbrook Street 21F. HOW DID INJURY OCCUR? Found on	second floo
resulted from: Notural causes  ACTUAL SIGNATURE    Clearle   Starte   Start	Inspection X Autorition X Suicide M.D. pringate, M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23C. NAME of CEMETERY o	CREMATORY 23D. LOCATION (City, town, or	county) (Stote)
Burial 12/8/66	Mt Auburn C	emetry Baltimore Md	ADDRESS
DEC 6 1966 (Ap.2)	el E. Farley F. a.	Adolphus Halstead 1206 W	North Ave
VS 151-REV. 1/1/65 N966	)	U 1 / L	

Annte Chapbage

### BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 61-2161 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED	DEAD			
RALPH	MONK	December 1, 1966	12:15 P			
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where doceosed lived, If institute A. STATE B. COUN Maryland	ution: residence before odmission)			
HOSPITAL OR ADDRESS OR LOCA	TION)	C. CITY OR TOWN (If outside corporate limits, write RORAL and give township)				
Franklin Squa	re Hospital	Baltimore  D. STREET ADDRESS (If well give location)	2 4 6			
20		D. STREET ADDRESS (If rurol, give locotion)				
5. SEX 6. RACE Male Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Child	B. DATE OF BIRTH 9. AGE (In years lost birthday) 5	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of world done during most of working lite, even if retired)  School	TOB. KIND OF BUSINESS OR INDUSTRY	Baltimore Md	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Azell Monk  15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	Betty L P Leathers	ADDRESS			
(Yes, no or unknown) (If yes, give wor or dote		Mrs Lucille Monk 41				
(This does not meen the mode of heart failure, ostheria, etc. It meens injury or complication which coused  ANTECEDENT CAUSE:  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. CONWAS PER	the discose, deoth.)  S  NY, GIVING DUE TO TAING THE (C)	eumonitis				
. Ph. /	FORMED	Yes Yes or No.   208. IF YES, WERE FIN	s of DEATH? Yes			
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)		exact location)			
OF INJURY (APPROX.) (Month) (Doy) (Yeor	WHILE AT NOT WORK AT W	21F. HOW DID INJURY OCCUR?				
I certify that I held an I resulted fram: Natural can ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudig	Accident Suicide	apsy X and that on this basis, death in my Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER				
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY of		own, or county) (State)			
Burial 12/6		Cemetry A A County				
24A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	Adolphus Halstead 1206	6 W North Ave			

Burtal a 12/6/66 to Calvary Caseton & County Nd a

,	NAME OF DEC	JOSEPH	Ε.	BOSSII			ember 2, 19		12:40 P
3. 1	LACE IN BALT	MORE, MARYLAND, W			4. USUAL RES	IDENCE (Where	deceased lived. If in		dence before admission)
НО	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTI ATION)	ON, GIVE STREET	C. CITY OR T	aryland OWN (If outside	de corporote limits, w	rite RURAL or	nd give township)
	001	1755 N. Gay S	Street		D. STREET AD	DRESS (If rurol		9	
5. \$	Male	6. RACE Negro		EVER MARRIED VORCED (specify)	7/14/4		9. AGE (In year lost birthdoy)	s If Under Months	T 1 Yr. If Under 24 Hrs. Doys Hours Min.
don	"Sensol"	PATION (Give kind of wor rorking life, even if retired)	k OB. KIND OF E	SUSINESS OR INDUSTR	Balti	more Me	d	12. CITIZ	T COUNTRY?
	James	E Parker			Gla		vett		
		O EVER IN U.S. ARMEI (If yes, give wor or dote		6. SOCIAL SECURITY NO.	Mrs		Lovett 175	5 N Ga	ay St
ICATION	DISEASES ( RISE TO THE UNDERLYIN	of meon the mode of osthenio, etc. If meon osthenio, etc. If it is a second osthenio, etc. If it is a s	S me discose, deoth.)  S  ANY, GIVING TATING THE	(B)	natic Hea				
8	19A, DATE OF			HICH OPERATION	20 A. AUTOP		20B. IF YES, WERE IN CERTIFYING CA		
3	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21 B. PL home, etc.)	ACE OF INJURY (e.g., form, foctory, street,	in or about 21 C. office bldg., INJU	WHERE DID	(If in Boltimore City,	give exoct to	ocotion)
	PIA A P		1222						
MEDI	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo			WHILE	HOW DID INJ	URY OCCUR?		

24/17/4

DR expelified

Advanced Institute (C)

Mrs. Clerky Loweth 1755 II Co.

Lourisia

Janes E Friday

IL Calvery Senter . At A Senter II

12/7/55

And beare left main Lobb.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.

66 12180

VS 150-REV. 1/1/65

period of line of

M. Will M. R

Name of the state of the state

enis de la companya d

1) though mill Graph Color

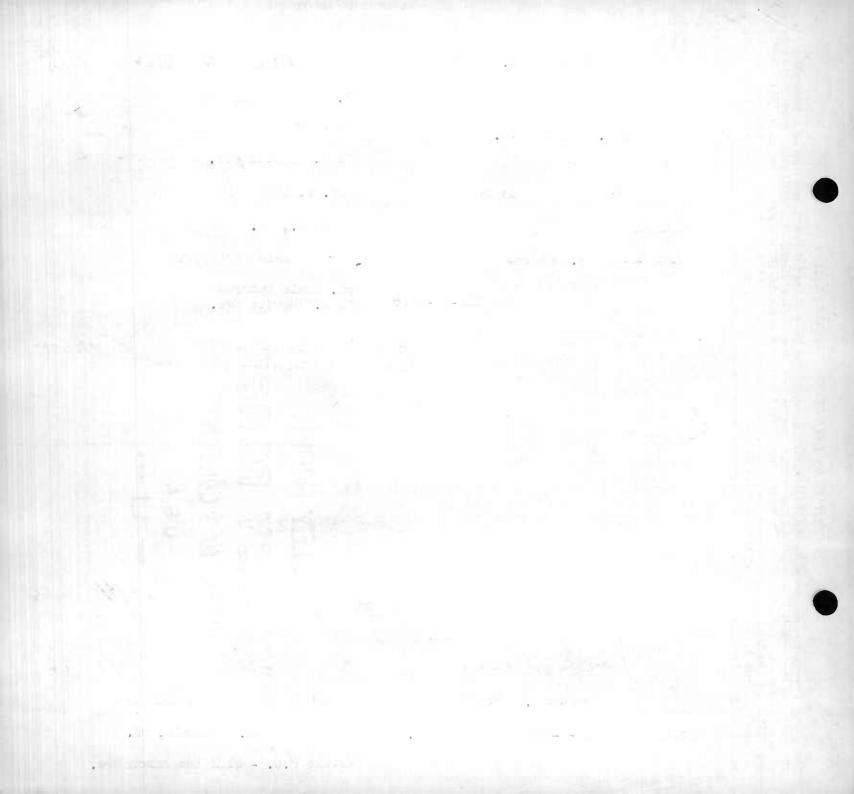
solmon fit from me come of 12 the

AND MITTER THE TOTAL STREET, THE

. 100 - 100 - 103 - 10.

has place shock

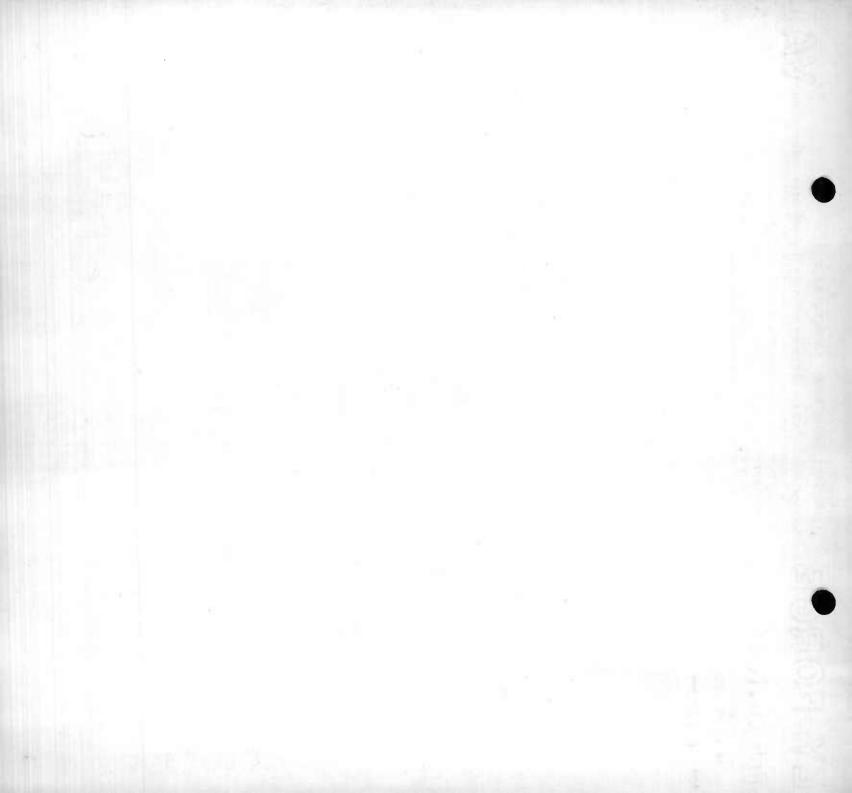
= 167	00 1016	BALTIMORE CITY	HEALTH DEPARTMENT		00 40404
BIRTH NOD	66 1218	CERTIFICA	TE OF DEATH	Registered No	66 12181
M.E. CASE NO.				D HOUR OF DEATH	
(Typo or Print)	Orville	e I. Sparrow	Dec		9661 1100
3, PLACE OF D	EATH IN BALTIMORE, MAI		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admissio
			A. STATE B. COUN	TY	
FULL NAME		or institution, give stroot		Ltimore	
INSTITUTION	k oddiosa or ioconon		Baltimore	sido city limits, writo	RURAL ond give township)
	321 S. August	a Ave.		rurol, givo location)	00
00					
			321 S. Augusta		
5. SEX		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)		9. AGE (In yours lost birthdoy)	Months Doys Hours Min.
M	Wh	Divorced	Mar. 7, 1908	58	
	CUPATION (Give kind of work of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foroi	gn country)	12. CITIZEN OF WHAT COUNTRY?
Salesm			Balto., Md.		USA
3. FATHER'S NA			14. MOTHER'S MAIDEN NAM		
	- John K. Spa	rrow	Susie	(Parrott)	
				(	
Yes, no or unknow	ed Ever in U.S. Armed Fore wnl (If yes, give wor or dote:	s of sorvice) 1 6. SOCIAL SECURITY NO.	Mrs. Susie Spa	arrow	ADDRESS
		714-05-6876	321 S. Augusta		
1B. //	9-3-71	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY	>		ONSET AND DEATH
1 10	LEADING TO DEATH	(A) A/S	Terioseles	TOTIE	5 YRST
	nal mean the mado of e, asthenia, etc. It moons	dying, o.g.,	THIN VACCUTO	7 DISERS	<b>*</b>
	amplication which caused		100000000000000000000000000000000000000		
	ANTECEDENT CAUSES	(B)	······································		20 M V V V V V V V V V V V V V V V V V V
DISEASES	OR CONDITIONS, if	DUE TO			
iise la	the abave cause (A)		***************************************		
UNDERLYII	NG CONDITION last.				
7	H				
	DEATH BUT NOT RELA				
DISEASE O	R CONDITION CAUSING I	т	Too a second sec	N COB	
19A.DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
E ()			1010		
OR CONTRI	DENT WAS UNDERLYING DENT WAS UNDERLYING DENT	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location
DEATH (not	ify medical examiner	etc.1			
0 21 D. TIME	(Month) (Doyl (Year)	(Hour 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY		While At Not Whi	10		
		Work At Work		21.6	- His
		) attended the deceased fram	/**	19 45 to	12/5 1966
that (I) (w	e) lost sow the decease	d olive on IT	2 19 66 and the	ot in (my) (our) opl	nion deoth occurred an the d
and hour o	and from the causes stat	ed above. (I) (We) (did) (did not)	view the body after death.	2 3 4	
23A. SIGNA					23 B. DATE SIGNED
(	1 du S	M.D. AH	ending Med.	Stolf	12/5/50
23C. PHYSIC	IANS	O Christian Phy	23D. ADDRESS	Phys.	17/2/06
NAME	(Typel				
		E. Roach M.D.		ore Nationa	l Pike
REMOVAL	REMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (C	ty, town, or county) (State
Burial	12-7-6	6 Olivet Cem.	S	t. Michaels	, -Md.
	'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		2 60070000	Witzke F.D		
10 100 0011	DEC 6 1966 (	B E STANKER D	0 0 6		
VA INIL DEV 1/	TENDS TO				

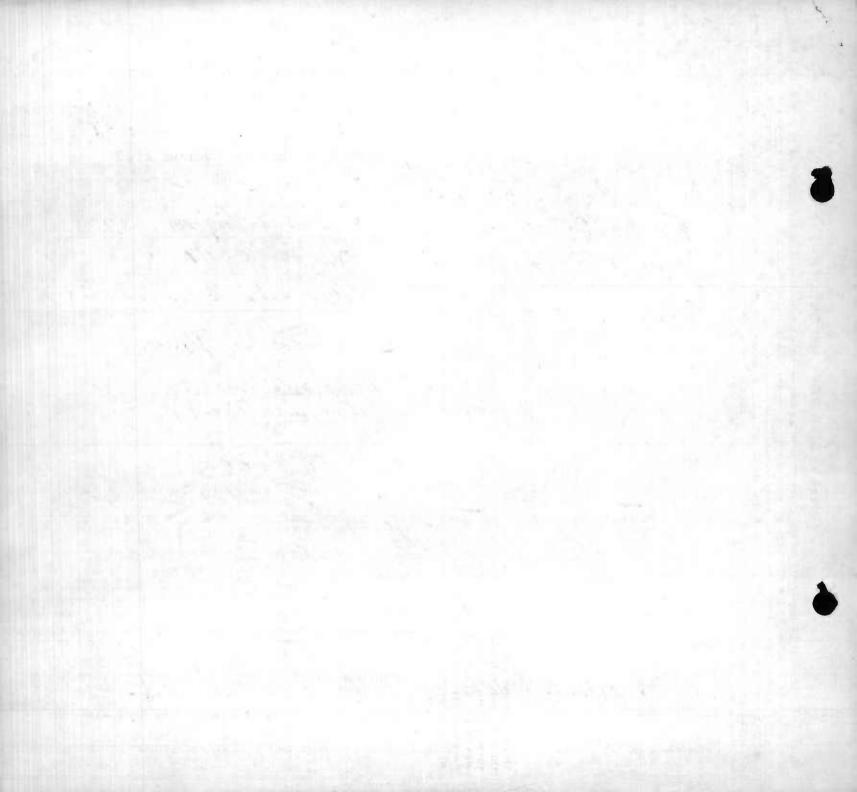


IMPORTANT DIRECTOR: FUNERAL

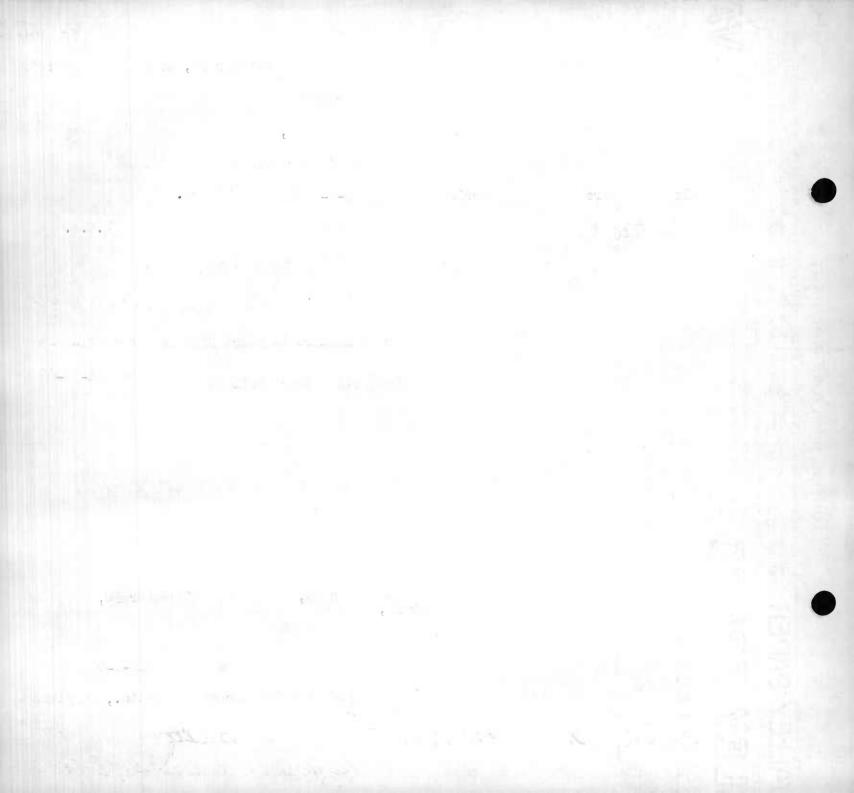
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) 225 N. MONIFORD If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Battimore City, give exact location) (our) opinian death occurred on the date 23B. DATE SIGNED (City, lower or county) 5. MARYLAND





· yp	DE OF DECEASED			2. DATE AND	HOUR OF DEATH	
3 0	JOS PLACE OF DEATH IN BALTIMO	seph John	ison	Nove	mber 30, 19	8.44 stitution: residence before odmis
J. F	TACE OF DEATH IN BALLIMO	NE WARILAND		A. STATE B. COUNT	deceased hved. It in	slitution: residence before admiš
			ution, give street	Maryland		
	HOSPITAL OR oddress of NSTITUTION	r location)		C. CITY OR TOWN (If ouls	de city limits, write	PURAL and give township)
	Prov	rident Ho	spital	Baltimore.	_	48-01
	34			D. STREET ADDRESS (If ru	rol, give location)	
				380/ Feen Avenu	10	
5. S	EX 6. RACE		RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours: M
N	Wale Negro					
10A.	USUAL OCCUPATION Give kin	d of work 10B. KIP	Married ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
done	during from al working life, even il	refired)		Maryland		
13.	FATHER'S NAME	. 6		14. MOTHERS MAIDEN NAM	e	U.S.A.
- 40		1		WAIDEN HAM		
	Ohn	Lonn	won	du Cu.	Xohne	on
S. V	Was Deceased Ever in U. S. Kn s, no or unknown) (If yes, give wo	ned Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	10	ADDRESS
			JECORIII IIO.	Matter	Shar sh	4 101.0c
	18. // 3 0 - 121		CAUSE O	DEATH	ICH OLD	INTERVAL RETWEEN
	DISEASE OR CONDITION	ON DIPECTIV	G.103E 0			INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO		Arte	eriosclerotic Hea	From 11-29-66	
	(This does not mean the made at dying, e.g., DUE TO					
	hearl failure, aslhenia, etc. Il means the disease,					m. 13 00 //
		caused death 1		1.1		
	injury at camplication which		(B) Cong	gestive Heart Fa:	ilure	To 11-30-66
	injury ar camplication which ANTECEDENT C	AUSES	(B) DUE TO	gestive Heart Fa	ilure	To 11-30-66
	injury at camplication which ANTECEDENT C DISEASES OR CONDITION	CAUSES	(B)		***************************************	
	injury ar camplication which ANTECEDENT C	AUSES  S, if any, ge (A) sloting	(B)	gestive Heart Fa	***************************************	
	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the above caus	AUSES  S, if any, ge (A) sloting	(B)		***************************************	
NOI	injury at camplicotian which  ANTECEDENT C  DISEASES OR CONDITION rise to the above caus UNDERLYING CONDITION I	CAUSES  IS, if any, ge (A) sloting last.	giving  The (C)		***************************************	
ATI	injury at camplicotian which ANTECEDENT C DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAL	CAUSES  IS, if any, ( e (A) stoling last.  TONS CONTRIB  TO RELATED T USING IT.	giving  Giving			
ATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the above caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAL  19A-DATE OF OPERATION   19	CAUSES  IS, if any, ( e (A) stoling last.  TONS CONTRIB  TO RELATED T USING IT.	GIVING O THE  OUT TO			
ATI	injury or complication which  ANTECEDENT C  DISEASES OR CONDITION rise to the above cous UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAI	CAUSES  1.S., if any, ge (A) sloting last.  1. IONS CONTRIBUTE RELATED TO USING IT.  1. IONS CONDITION (AS PERFORMED)	giving  GUE TO  GUITING  O THE  FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the above caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAL  19A-DATE OF OPERATION   19	CAUSES  IS, if any, (see (A) stoling last.  ITONS CONTRIBUTE RELATED TOUSING IT.  PB. CONDITION AS PERFORMED	GIVING O THE  OUT TO	20A. AUTOPSY? (Yes or No) No	20B. IF YES, WERE IN CERTIFYING CA	
L CERTIFICATI	injury or camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the above caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAI  19A. DATE OF OPERATION 19 W  21A. ACCIDENT WAS UNDERLY	CAUSES  1S, if any, g e (A) stoling last.  10 ONS CONTRIB 1T RELATED T USING IT. 198. CONDITION 10 AS PERFORMED  LYING OF	giving  The (C)  SUTING O THE  FOR WHICH OPERATION  [218, PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ICAL CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAU  19A. DATE OF OPERATION 19 W  21A. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE DEATH (notify medicol examine)  21D. TIME (Month) (Doy)	CAUSES  IS, if any, () e (A) stoling last.  IONS CONTRIB OT RELATED T USING IT.  IS. CONDITION VAS PERFORMED  LYING  OF	giving  The (C)  SUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)	20A. AUTOPSY? (Yes or No) No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ICAL CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAI  19A. DATE OF OPERATION 19 21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE DEATH (notify medical examine)	CAUSES  IS, if any, () e (A) stoling last.  IONS CONTRIB OT RELATED T USING IT.  IS. CONDITION VAS PERFORMED  LYING  OF	giving  Ihe  (C)  SUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  218. INJURY OCCURRED  While At Not While	20 A. AUTOPSY? (Yes or No)  No or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
MEDICAL CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAU  19A. DATE OF OPERATION 19 W  21A. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE DEATH (notify medicol examine)  21D. TIME OF INJURY (APPROX.)	CAUSES  1.S., if any, general control of the contro	giving  Ihe  (C)  SUTING O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work	20 A. AUTOPSY? (Yes or No)  No or about 21 C. WHERE DID injury OCCUR?  21 F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)
MEDICAL CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAU  19A. DATE OF OPERATION 19 W  21A. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE DEATH (notify medicol examine)  21D. TIME OF INJURY (APPROX.)	CAUSES  1.S., if any, general control of the contro	giving  Ihe  (C)  SUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from NOX	20A. AUTOPSY? (Yes or No)  No or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)
MEDICAL CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAU  19A. DATE OF OPERATION 19 W  21A. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE DEATH (notify medicol examine)  21D. TIME OF INJURY (APPROX.)	CAUSES  1S, if any, (see (A) stoling last.  10 ONS CONTRIBUTE RELATED TOUR SING IT.  18. CONDITION (AS PERFORMED OF (1))  (Year) (Hour)	giving  The (C)  BUTING O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  At Work  ded the deceased from NOT	20A. AUTOPSY? (Yes of No)  No or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  22 Autopsy?	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimore RY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)
MEDICAL CERTIFICATI	injury ar camplicotian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAI  19A. DATE OF OPERATION 199  21A. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE DEATH (notify medicol examine)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (this he that (1) (we) last saw the desired	CAUSES  1.S., if any, ge (A) sloting last.  CIONS CONTRIBUTE RELATED TUSING IT.  1. OR. CONDITION (AS PERFORMED OF (Part))  (Year) (Hour)  (Year) (Hour)	giving  Ihe  (C)  SUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from NOX	20A. AUTOPSY? (Yes or No) No or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU 22 Amber 29 19 19 66 and that	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimore RY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)
MEDICAL CERTIFICATI	injury ar camplicotian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAI  19A. DATE OF OPERATION 199  21A. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE DEATH (notify medicol examine)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (this he that (1) (we) last saw the desired	CAUSES  1.S., if any, ge (A) sloting last.  CIONS CONTRIBUTE RELATED TUSING IT.  1. OR. CONDITION (AS PERFORMED OF (Part))  (Year) (Hour)  (Year) (Hour)	giving  BUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from No.	20A. AUTOPSY? (Yes or No) No or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU 22 Amber 29 19 19 66 and that	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimore RY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)
MEDICAL CERTIFICATI	injury ar camplicotian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAU  19A. DATE OF OPERATION 19 W  21A. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE DEATH (notify medical examine)  21D. TIME (Month) (Doy) (APPROX.)  22. I certify that (I) (this he that (I) (we) last saw the d and haur and fram the caus	CAUSES  1.S., if any, ge (A) sloting last.  CIONS CONTRIBUTE RELATED TUSING IT.  1. OR. CONDITION (AS PERFORMED OF (Part))  (Year) (Hour)  (Year) (Hour)	giving  The (C)  BUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, lorm, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from NOT etc.  NOVember 30, 1996. (I) (We) (did) (did not) v	20A. AUTOPSY? (Yes or No)  No or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  22 and that iew the bady after death.	208. IF YES, WERE IN CERTIFYING CA  (If in Baltimore RY OCCUR?  )66taNove	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)  mber 30, 19  nian death accurred an the
MEDICAL CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAI  19A.DATE OF OPERATION 19  21A.ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE DEATH (notify medical examine)  21D.TIME (Month) (Day) (APPROX.)  22. I certify that (1) (this he that (1) (we) last saw the d and haur and fram the caus  23A. SIGNATURE	CAUSES  1.S., if any, ge (A) sloting last.  CIONS CONTRIBUTE RELATED TUSING IT.  1. OR. CONDITION (AS PERFORMED OF (Part))  (Year) (Hour)  (Year) (Hour)	giving  Giving	20A. AUTOPSY? (Yes or No)  No or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  rember 29, 19 19 66 and that iew the bady after death.	20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimon RY OCCUR?  266taNove	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)  mber 30 19
MEDICAL CERTIFICATI	injury ar camplicotian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAU  19A. DATE OF OPERATION 19 W  21A. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE DEATH (notify medical examine)  21D. TIME (Month) (Doy) (APPROX.)  22. I certify that (I) (this he that (I) (we) last saw the d and haur and fram the caus	CAUSES  1.S., if any, ge (A) sloting last.  CIONS CONTRIBUTE RELATED TUSING IT.  1. OR. CONDITION (AS PERFORMED OF (Part))  (Year) (Hour)  (Year) (Hour)	giving  BUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  218. INJURY OCCURRED  While At Not White Work  ded the deceased fram NOT e an November 30,  ive. (I) (We) (did) (did nat) v  M.D. Atte Physi	20A. AUTOPSY? (Yes or No)  No or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  22 and that iew the bady after death.  Med. Director P	20B. IF YES, WERE IN CERTIFYING CA  (If in Baltimore RY OCCUR?  2.66taNove in (my) (aur) api	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locotion)  mber 30, 19 ( nian death accurred an the  238. DATE SIGNED  12-1-66
MEDICAL CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAL  19A. DATE OF OPERATION 19  21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE DEATH (notify medical examine)  21D. TIME (Month) (Day) OF INJURY (APPROX.)  22. I certify that (1) (this he that (1) (we) last saw the d and haur and fram the caus 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	CAUSES  1.S., if any, general control of the contro	giving  Ihe  (C)  SUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from NO.  e an November 30, ive. (I) (We) (did) (did nat) v  M.D. Atterhysic	20A. AUTOPSY? (Yes or No)  No or about 21C. WHERE DID injury OCCUR?  21F. HOW DID INJU  rember 29, 15 19 60 and that iew the bady after death.  Address  1514 Division 6	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimon  RY OCCUR?  266taNove  in (my) (aur) api  toff, hysx	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locotion)  mber 30, 19 ( mian death accurred an the  238 DATE SIGNED  12-1-66  Balto, Maryland
MEDICAL CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAI  19A.DATE OF OPERATION 19 21A.ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE DEATH (notify medicol examine)  21D.TIME (Month) (Doy) OF INJURY (APPROX.)  22. I certify that (1) (this he that (1) (we) last saw the d and haur and fram the caus 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)	CAUSES  1.S., if any, general control of the contro	giving  BUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  218. INJURY OCCURRED  While At Not White Work  ded the deceased fram NOT e an November 30,  ive. (I) (We) (did) (did nat) v  M.D. Atte Physi	20A. AUTOPSY? (Yes or No)  No or about 21C. WHERE DID injury OCCUR?  21F. HOW DID INJU  rember 29, 15 19 60 and that iew the bady after death.  Address  1514 Division 6	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimore  RY OCCUR?  266taNove  in (my) (aur) api  toff, hysx	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locotion)  mber 30, 19 6  nian death accurred an the  238 DATE SIGNED  12-1-66  Balto., Maryland
MEDICAL CERTIFICATI	injury ar camplicolian which  ANTECEDENT C  DISEASES OR CONDITION rise to the abave caus UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAL  19A. DATE OF OPERATION 19  21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE DEATH (notify medical examine)  21D. TIME (Month) (Day) OF INJURY (APPROX.)  22. I certify that (1) (this he that (1) (we) last saw the d and haur and fram the caus 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	CAUSES  1.S., if any, general control of the contro	giving  Ihe  (C)  SUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from NO.  e an November 30, ive. (I) (We) (did) (did nat) v  M.D. Atterhysic	20A. AUTOPSY? (Yes or No)  No or about 21C, WHERE DID injury OCCUR?  21F. HOW DID INJU  22F. HOW DID INJU  25 and that iew the bady after death.  Add. St. Address  1514 Division 6	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimore  RY OCCUR?  266taNove  in (my) (aur) api  toff, hysx	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locotion)  mber 30, 19 ( mian death accurred an the  238 DATE SIGNED  12-1-66  Balto., Maryland



hh 1210h	BALTIMORE CITY HE			CC 1918K
BIRTH NO. 66 12186	CERTIFICATI	OF DEATH	Registered No.	66 12186
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print) (ARRIE	Mª Clour	1) 1)=	CEMBER	1-1966 11301
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4.	USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before odm
		STATE B. COU	NII	18-00
FULL NAME OF (If not in hospital or institution, given oddress or location)		CITY OR TOWN (If o	uteida city limite wita	RURAL ond give township)
INSTITUTION		BANTIN	- and	KOKAL ONG GIVE IOWNSHIP!
01	D		f rurol, give location)	
1039 W. FAYETTE St		. 7 0	FAYETTE	5 50
5. SEX   6. RACE   7. MARRIED, N	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years lost bighday)	If Under 1 Yr. If Under :
	DIVORCED (specify)		losi biandoy	Monas Doys 110013
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B	BUSINESS OR INDUSTRY 11	BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
done during most of working life, even if retired)	Home Y	ORTSMOUT	1/1/1/1/1	WHAT COUNTRY?
13. FATHER'S NAME		MOTHER'S MAIDEN NA		431
F-1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	14.	Of MAIDEN BI	AVAIR	
& GWARD WHITE	/	TARYDA	SSITER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	INFORMANT		ADDRESS
ND	<b>X</b>	11/15/11/1	10179	). FOUSTIE
18, 24 0	CAUSE OF D	EATH	7 10/11	MITERVAL BETWE
DISEASE OR CONDITION DIRECTLY				ONSET AND DEA
LEADING TO DEATH	Arter	ingeleratio	Cardio	18 month
(This does not mean the mode of dying, e.g.,	DUETTO	iosclerotio lar Dis <b>eas</b> e	o oar aro	
heart failure, asthenia, etc. 11 meons the disease, injury or complication which caused death.)	vasca	TEL DIBERS		
ANTECEDENT CAUSES	(B)			~~~~~~
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the above cause (A) stoting the	(C)			
UNDERLYING CONDITION last.				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HICH OPERATION	20A. AUTOPSY? (Yes or F	to) 20B, IF YES, WEDE	FINDINGS CONSIDERED
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HICH OPERATION	20A. AUTOPSY? (Yes or F	10) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  12B. P. CONTRIBUTING CONTRIBUTING 12B. P. CONTR	HICH OPERATION  LACE OF INJURY (e.g., in or, form, foctory, street, office		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. Phome, etc.)	LACE OF INJURY (e.g., in or form, foctory, street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimor	USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 1798. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. Phome, etc.)  21 INTERPRETATION OF CAUSE OF DEATH (notify medical examiner)  21 INTERPRETATION OF CAUSE OF DEATH (notify medical examiner)  21 INTERPRETATION OF CAUSE OF DEATH (notify medical examiner)  22 INTERPRETATION OF CAUSE OF DEATH (notify medical examiner)	LACE OF INJURY (e.g., in or, form, foctory, street, office		(If in Boltimor	USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. P OR CONTRIBUTING   CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. II	LACE OF INJURY (e.g., in or, form, foctory, street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimor	USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. P OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While	PLACE OF INJURY (e.g., in or, form, foctory, street, office)  NJURY OCCURRED  Not While At Work	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this hospital) ottended the	PLACE OF INJURY (e.g., in or form, foctory, street, office)  NJURY OCCURRED  At Not While At Work	obout 21 C. WHERE DID bldg., INJURY OCCUR?	JURY OCCUR?	e City, give exoct locotion)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. P OR CONTRIBUTING   CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this hospital) ottended the that (I) (we) lost sow the deceased alive an	NOT While a deceased from	obout 21 C. WHERE DID bldg INJURY OCCUR?  21 F. HOW DID IN  5/29  1-19-66 and t	JURY OCCUR?	e City, give exoct locotion)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. P OR CONTRIBUTING   CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this hospital) ottended the that (I) (we) lost sow the deceased alive an ond hour and from the couses stoted above. (I)	NOT While a deceased from	obout 21 C. WHERE DID bldg INJURY OCCUR?  21 F. HOW DID IN  5/29  1-19-66 and t	JURY OCCUR?	e City, give exact location)  5/1 19
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. P OR CONTRIBUTING   CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this hospital) ottended the that (I) (we) lost sow the deceased alive an	NOT While At Work  deceased from  (We) (did) (did nat) view	obout 21C. WHERE DID bldg. INJURY OCCUR?  21F. HOW DID IN  5/29  1.19.66 and to the body after death	JURY OCCUR?	e City, give exact location)  5/1 190  nion death occurred on the course of the course
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an ond hour and from the couses stated abave. (I)	PLACE OF INJURY (e.g., in or, form, foctory, street, office)  Not While At Work  deceased from  (We) (did) (did nat) view  M.D. Attendin Phys.	obout 21 C. WHERE DID bldg., INJURY OCCUR?  21 F. HOW DID IN  5/29  1.19.66 and to the body after death	JURY OCCUR?	e City, give exact location)  5/1 196  Inion death occurred on t
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an ond hour and from the couses stated abave. (I)	PLACE OF INJURY (e.g., in or, form, foctory, street, office)  Not While At Work  deceased from  (We) (did) (did nat) view  M.D. Attendin Phys.	obout 21C. WHERE DID bldg. INJURY OCCUR?  21F. HOW DID IN  5/29  1.19.66 and to the body after death	JURY OCCUR?	e City, give exact location)  5/1 190  nion death occurred on to 23B. DATE SIGNED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. II While Work  22. I certify that (I) (this hospitol) ottended the thot (I) (we) lost sow the deceosed olive an ond hour and from the couses stoted obave. (I)  23A/SIGNATURE  23C. PNYSICIAN'S NAME ((ype))	PLACE OF INJURY (e.g., in or, form, foctory, street, office)  Not While At Work  deceased from  (We) (did) (did nat) view  M.D. Attendin Phys.	obout 21 C. WHERE DID bldg., INJURY OCCUR?  21F. HOW DID IN  5/29  L.19.66 and to the body after death  Med. Director	JURY OCCUR?  1957 to	12/5/66
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   Por Contributing   Cause of Death (notify medicol examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II White Work  22. I certify that (I) (this hospital) ottended the that (I) (we) lost sow the deceased olive an ond hour and from the couses stated obave. (I)  23A. SIGNATURE  23C. Physician's NAME (ype)  Ralph W. Reckling  24C. NAME (Name of the Couse of t	PLACE OF INJURY (e.g., in or of form, foctory, street, office of the control of t	obout 21 C. WHERE DID bldg INJURY OCCUR?  21F. HOW DID IN  5/29  1. 19.66 and to the body after death  Med. Director ADDRESS	IN CERTIFYING CA	iuses of death?  e City, give exect locohon)  5/1 196  nion death occurred on to 12/5/66  nue
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. II While Work  22. I certify that (I) (this hospitol) ottended the thot (I) (we) lost sow the deceosed olive an ond hour and from the couses stoted obave. (I)  23C. Physicians NAME (Type) Ralph W. Reckling	Attending M.D.	obout 21 C. WHERE DID bldg., INJURY OCCUR?  21F. HOW DID IN  5/29  1. 19.66 and to the body after death  Med. Director ADDRESS	JURY OCCUR?  1957 to	ity, town, or county)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   Por CONTRIBUTING   CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, II While Work  22. I certify that (I) (this hospital) ottended the thot (I) (we) lost sow the deceosed olive an ond hour and from the couses stoted obave. (I)  23A. SIGNATURE  23C. PRYSICIAN'S NAME (Ype)  Ralph W. Reckling  24C. NAME (Ype)	At Ceesed from  (We) (did) (did nat) view  M.D. Attendin Phys.  At ol Cemetery or Crema	obout 21 C. WHERE DID bldg INJURY OCCUR?  21F. HOW DID IN  5/29  L.19.66 and to the body after death  Med. Director  ADDRESS  1401 A Edma	JURY OCCUR?  JURY OCCUR?  1957 to	inion death occurred on to the signed of the
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. II White OF INJURY (APPROX.)  22. I certify that (I) (this hospital) ottended the thot (I) (we) lost sow the deceosed olive an ond hour and from the couses stoted obave. (I)  23A SIGNATURE  23C. PRYSICIAN'S NAME (Type) Ralph Reckling  24C. NAM	At Ceesed from  (We) (did) (did nat) view  M.D. Attendin Phys.  At ol Cemetery or Crema	obout 21 C. WHERE DID bldg INJURY OCCUR?  21F. HOW DID IN  5/29  L.19.66 and to the body after death  Med. Director  ADDRESS  1401 A Edma	JURY OCCUR?  JURY OCCUR?  1957 to	ity, town, or county)

FUNERAL DIRECTOR: IMPORTANT

Romand 12/6/66

Manfor Phys (38 NOLL)

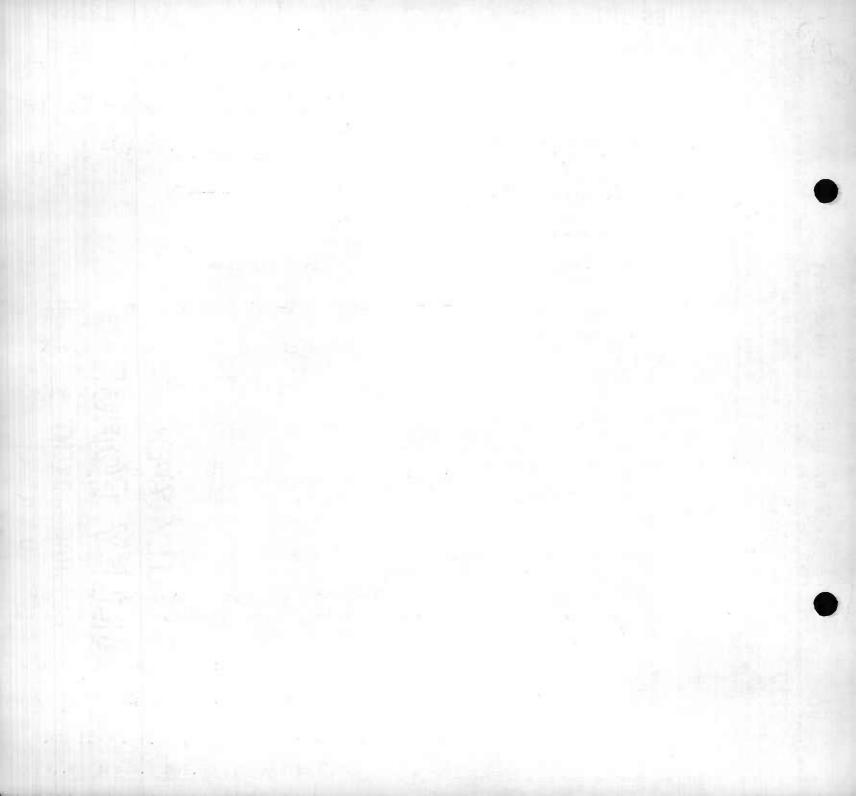
VS 151-REV. 1/1/65

BALTIMORE CITY HEA	LTH DEPARTMENT 66 12187
BIRTH NO. MEDICAL EXAMINER'S C	FRTIFICATE OF DEATH Registered No.
M.E. CASE NO.	EKTITICATE OF DEATH
NAME OF DECEASED	12 DATE AND HOUR PRONOUNCED DEAD
Type or Print)	2. DATE AND HOOK FRONCES BEAD
KENNETH CROSBY C	December 4, 1966   1:20 P M.
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE 8. COUNTY
	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside carporate limits, write RURAL and give township)
NSTITUTION	7159
University Hospital	Baltimore
oniversity nospital	D. STREET ADDRESS (If rurol, give lacation)
	1326 Aisquith Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs
Male Colored WIDOWED, DIVORCED (specify)	Months Doys Haurs Min.
Sirilar 6	1/0011 1939 21
10A. USUAL OCCUPATION (Give kind af wark 10B. KIND OF USINESS OR INDUSTR	17 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
7/ M D and to De cell of	Kala mi
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME
	0 11 2 -1
Yese Cosper	Lucille Porth
5. WAS DECEASED EVER IN U.S. ARMED FORCE!? 16. SOCIAL Yes, no grunknawn),(If yes, give war ar dates al service) SECURITY NO.	TINFORMANT ADDRESS
you give her as saids at saids.	Lucal Cast 12 21 h: MX
	rulelle very sxelleguille
18. 3 3 0 X	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH Ruptur	ed Cerebral Aneurysm
(This does not mean the made of dying, e.g., DUE TO	
injury ar camplication which caused deoth.)	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES  OB CONDITIONS IS ANY CURVE  (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Hyperte: DISEASE OR CONDITION CAUSING TO THE Hyperte:  199. CONDITION FOR WHICH OPERATION WAS PERFORMED	
Ĕ	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE HANDON TO	Disease
DISEASE OR CONDITION CAUSING IT. Hyperte	nsive and Arteriosclerotic Cardiovascular
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltimare City, give exact lacation)
UNDERLYING □OR CONTRIB- hame, fam, factory, street,	affice bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY	WHILE
m, WORK AT V	WORK L
22.	utapsy 🗵 and that an this basis, death In my apinlan
resulted fram: Natural causes X Accident Suicid	de Hamicide Undetermined manner
1/1/ 0- 1	CHIEF MEDICAL EXAMINER
ACTUAL MOTOR TO THE CONTRACT OF THE CONTRACT O	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Rudiger Breitenecker, M.D.	12/5/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specily)	at CREMATORY 23D. LOCATION (City, tawn, or county) (State)
13,111 10 10 11 1 mh 1 1 11	al Carre Martinel and
24A, DATE REC'D BY HEALTH DEPT. 1248 NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
SEC C SOCO A C C T O	Man / Call /
DEC C 1900 Charles E. Talley M.	Mitter & Fleken 129 M. Carlo
	The state of the s

MW11, 1939 SET Parte, 1926. Lucille Berth Luise and water Busice Rever 166 mit auture Come Westernet . Rates & Electron 128 77 18

V\$ 150-REV. 1/1/65

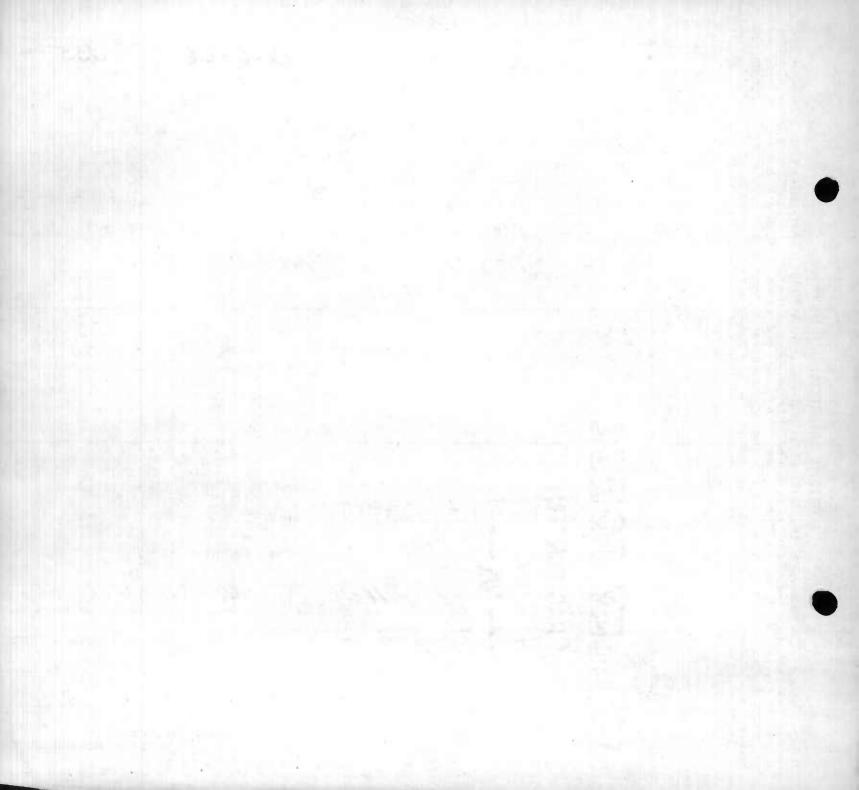
BALTIMORE CITY HEALTH DEPARTMENT 66 12188 1966 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A, STATE
B, COUNTY RURAL and give townshi (If rurol, give locotion) Hospitals 4940 Eastern Avenue, Baltimore 21224 If Under 24 Hrs. If Under 1 Yr. Months Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS 213-34-3063 Records: BCH-4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSTERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) apinion death accurred on the date 23 B. DATE SIGNED M.D. 4940 Eastern Avenue, Baltimore, Maryland (City, town, or county) BALTO. CO., MD.



FUNERAL DIRECTOR: IMPORTANT

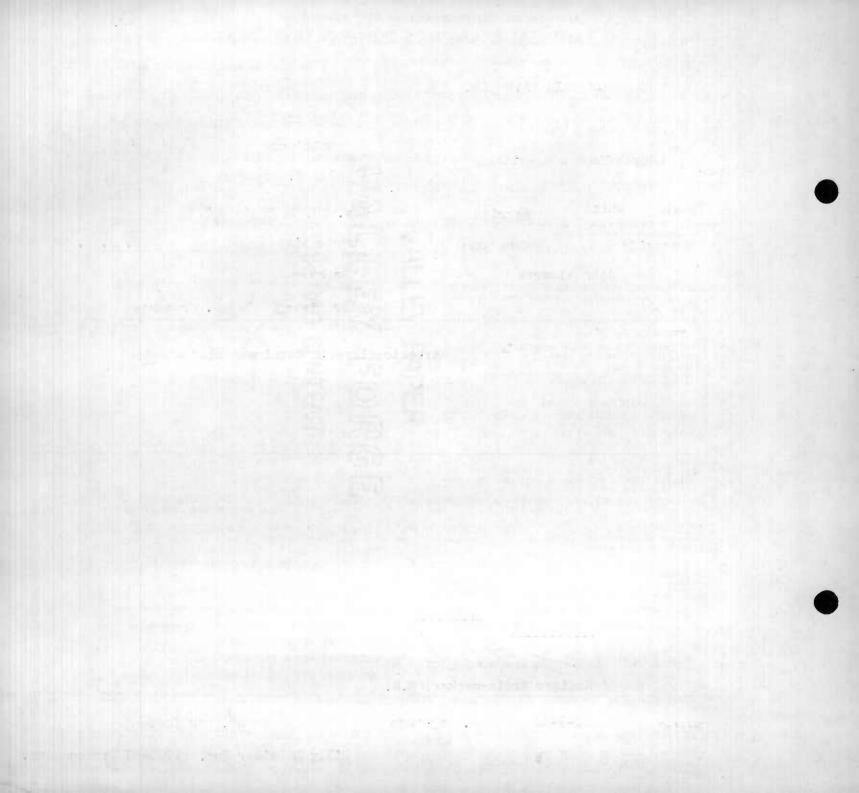
	AME OF DEC	COLE	WILLI	AM E. JR.		12-04-66	6:00
3. P	LACE OF DE	ATH IN BALTIMORE, M			4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admiss
					MARYLAND	MA	
-	ULL NAME OF STITUTION	OF (If not in hospito oddress or locoti		give street		outside city limits, write	RURAL and give township)
-	3.3				BALTIMORE	10.	-0/
٦	THE JO	HNS HOPKIN	s Hasp	ITAI		If rural, give lacation)	AUTO-
		ANS HOLKIN	3 11031		1226 NORTH	SPRING 5	TREET
s. s	1ALE	6. RACE NEGRO	7. MARRIED,	D. DIVORCED (specify)	11-30-66	9. AGE (In years lost birthdoy)	Months Doys Hours Min
				F BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	- 1	working life, even if retired	5	1	13 - 14 - M	,	71.5.A.
13. 1	ALES NA	ME ME	3	uoes	13 a / to . M d	AME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	WILLI	AM COLE			REBECCA C	UMMINGS	
S. V	Vas Deceased	d Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Tes	no or unknow	n) (If yes, give wor or do	tes of service)	SECURITY NO.	6 1 1 1 2	,	
	18.26	I WIWIT		218-05-4399	DELONINE CO	1e 1226 No	Spring St.
	7 79 /			DE DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			Preumoria		a month	
	(This does not mean the made of dying, e.g., DUE TO				r bussingn of	••••••••	
	heart failure, osthenio, etc. It means the disease, injury ar complication which caused death.)						
	ANTECEDENT CAUSES (B)						
		ANTECEDENT CAUSE	S	(8)			······································
		ANTECEDENT CAUSE OR CONDITIONS, if					
	DISEASES (	OR CONDITIONS, if	any, giving				
	DISEASES (	OR CONDITIONS, if se above cause (A G CONDITION last,	any, giving				
TION	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE D	OR CONDITIONS, if the above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving ) staling the  CONTRIBUTIN LATED TO TH	(C)			
CATI	DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR	OR CONDITIONS, if above cause (A) G CONDITION last.  IIIIIICANT CONDITIONS RELATED BUT NOT RELATED CONDITION CAUSING FOPERATION [198. CO	any, giving stating the CONTRIBUTIN LATED TO THIT.	(C)		Nol 20B. IF YES, WER	E FINDINGS CONSIDERED
CATI	DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR	OR CONDITIONS, if above cause (A) G CONDITION last.  IIIIIICANT CONDITIONS RELATED BUT NOT RELATED CONDITION CAUSING FOPERATION [198. CO	any, giving ) staling the  CONTRIBUTIN LATED TO TH	(C)	20A. AUTOPSY? (Yes or	Nol 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATI	DISEASES (In the property of t	OR CONDITIONS, if the above cause (A) G CONDITION last,  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving ) stating the CONTRIBUTIN LATED TO THIT.  NOTION FOR REFORMED	G HE WHICH OPERATION	20A. AUTOPSY? (Yes or Met-	NoI 208. IF YES, WERI	E FINDINGS CONSIDERED
AL CERTIFICATI	DISEASES (1 rise 1a lh UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF CONTRIBUTION OF CONTRIBU	OR CONDITIONS, if the above cause (A) G CONDITION last.  II HIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING F OPERATION 198. CO WAS PE	any, giving ) stating the CONTRIBUTIN LATED TO THIT.  NOTION FOR REFORMED	G HE WHICH OPERATION  3. PLACE OF INJURY (e.g., ne, form, foctory, street, or foctory, or foctory, street, or foctory, or foct	20 A. AUTOPSY? (Yes or	NoI 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICATI	DISEASES (1 rise 1a lh UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF CONTRIBUTION OF CONTRIBUTION OF THE PROPERTY OF THE PROP	OR CONDITIONS, if the above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTIN  ATED TO THIT.  IT.  NOTION FOR REFORMED  218 hometc.	G HE WHICH OPERATION  3. PLACE OF INJURY (e.g., ne, form, foctory, street, or foctory, or foctory, street, or foctory, or foct	20A. AUTOPSY? (Yes or Met-	Not 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICATI	DISEASES (1 rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIBUTION OF C	OR CONDITIONS, if the above cause (A) G CONDITION last.  INFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING F OPERATION 198. CO WAS PE ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	any, giving staling the CONTRIBUTIN LATED TO THIT.  NOTION FOR REFORMED  218 hometc.	G HE WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, or continuous)  INJURY OCCURRED Not While At Not White	in or about 21 CAWHERE DID office bldg., INJURY OCCUR?	Not 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES (I rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	OR CONDITIONS, if the above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving staling the CONTRIBUTIN LATED TO THIT.  NOTION FOR REFORMED  218 hometc.	G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., me, form, foctory, street, oct.)  INJURY OCCURRED Not White At Work	in or about 21 CAWHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WERI IN CERTIFYING C (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)
MEDICAL CERTIFICATI	DISEASES (In the property of t	OR CONDITIONS, if the above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving staling the CONTRIBUTIN LATED TO THIT.  NOTION FOR REFORMED  218 hometc.  (1) (Hour) 21E Whometc.	G SPLACE OF INJURY (e.g., ne, form, foctory, street, or not which at Work At Work the deceased from	in or about 21 CAWHERE DID office bldg., INJURY OCCUR?	Nol 208. IF YES, WERI IN CERTIFYING C  (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact location)
MEDICAL CERTIFICATI	DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONTRIBUTION (APPROX.)	OR CONDITIONS, if the above cause (A) G CONDITION last.  II IIIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING F OPERATION 19B. CO WAS PE INT WAS UNDERLYING UTING CAUSE OF y medical exominer)  (Month) (Day) (Year  y that (1) this haspite y last sow the decease	any, giving the contribution of the contribution for RFORMED 21E was all ottended to seed alive on	G G G S. PLACE OF INJURY (e.g., nee, form, foctory, street, or nile At Not What At Work the deceased from S. A. Dece S.	in or obout 21 C/WHERE DID office bidg., INJURY OCCUR?	Not 208, IF YES, WERIN CERTIFYING C  (If in Baltime	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exoct locotion)
MEDICAL CERTIFICATI	OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)  21.1 Certify that (We) and hour on hour on	OR CONDITIONS, if the above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving the contribution of the contribution for RFORMED 21E was all ottended to seed alive on	G G G S. PLACE OF INJURY (e.g., nee, form, foctory, street, or nile At Not What At Work the deceased from S. A. Dece S.	in or about 21 CAWHERE DID office bldg., INJURY OCCUR?	Not 208, IF YES, WERIN CERTIFYING C  (If in Baltime	E FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  Dec 4 19 6  Dinion death accurred an the
MEDICAL CERTIFICATI	DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONTRIBUTION (APPROX.)	OR CONDITIONS, if the above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving the contribution of the contribution for RFORMED 21E was all ottended to seed alive on	G G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne)  INJURY OCCURRED hile At  Not Which At Work the deceosed from	in or about 21 C/WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II	Nol 20B. IF YES, WERI IN CERTIFYING C  (If in Baltime  NJURY OCCUR?  19 6 to 46 that in my (our) as	Dec 4 19 6
MEDICAL CERTIFICATI	OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)  21.1 Certify that (We) and hour on hour on	OR CONDITIONS, if the above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving the contribution of the contribution for RFORMED 21E was all ottended to seed alive on	G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, foctory, street, o)  INJURY OCCURRED  At Work  The deceased from the deceased fr	in or obout 21 C/WHERE DID office bidg., INJURY OCCUR?	Not 208, IF YES, WERIN CERTIFYING C  (If in Baltime	E FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exoct locotion)  Dec 4 19 6  Dinion death accurred an the
MEDICAL CERTIFICATI	OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19	OR CONDITIONS, if the above cause (A' G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving the contribution of the contribution for RFORMED 21E was all ottended to seed alive on	G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, foctory, street, o)  INJURY OCCURRED  At Work  The deceased from the deceased fr	20A. AUTOPSY? (Yes or Med.	Nol 20B. IF YES, WERI IN CERTIFYING C  (If in Baltime  NJURY OCCUR?  19 6 to 46 that in my (our) as	Dec 4 19 6
MEDICAL CERTIFICATI	OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)  21.1 Certify that (We) and hour on hour on	OR CONDITIONS, if the above cause (A' G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving the contribution of the contribution for RFORMED 21E was all ottended to seed alive on	G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, foctory, street, o)  INJURY OCCURRED  At Work  The deceased from the deceased fr	in or obout 21 C/WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID II ille	Nol 20B. IF YES, WERI IN CERTIFYING C  (If in Baltime  NJURY OCCUR?  19 6 to 46 that in my (our) as	Dec 4 19 6
MEDICAL CERTIFICATI	OISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DA	OR CONDITIONS, if the above cause (A' G CONDITION last.  II IIIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING F OPERATION 19B. CO WAS PE INT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Day) (Year  That (1) This haspite ) last sow the deceose and from the couses struck  URE  (AN'S Type)  - H SI Lung EMATION, 124B. DATE	any, giving staling the CONTRIBUTIN LATED TO THIT.  NDITION FOR REFORMED  218 who was all ottended to seed alive on  oted obove.	G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, foctory, street, o)  INJURY OCCURRED  At Work  The deceased from the deceased fr	in or about 21 CAWHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II  ile	Nol 20B. IF YES, WERI IN CERTIFYING C  (If in Baltime  NJURY OCCUR?  19 6 to 46 that in my (our) as	Dec 4 19 6
MEDICAL CERTIFICATI	OISEASES (1 rise to the UNDERLYIN)  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 19A. SIGNATURE	OR CONDITIONS, if the above cause (A' G CONDITION last.  II IIIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING F OPERATION 19B. CO WAS PE INT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Day) (Year  That (1) This haspite ) last sow the deceose and from the couses struck  URE  (AN'S Type)  - H SI Lung EMATION, 124B. DATE	any, giving staling the CONTRIBUTIN LATED TO THIT.  INDITION FOR REFORMED  218 hometc.  Why was all ottended the sed alive on  oted obove.	G G G G G G E WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street, or foctory, street, or foctory)  C. INJURY OCCURRED  This he deceosed from  C. And Dec. (1)  (We) (did) (did not)  M.D. At Ph  M.D. At Ph  M.D. At Ph	in or about 21 CAWHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II  ile	Nol 20B. IF YES, WERI IN CERTIFYING C  (If in Baltime  NJURY OCCUR?  19 6 to 46 that in my (our) as	Dec 4 19 6 Dinion death accurred an the
MEDICAL CERTIFICATI	OISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DA	OR CONDITIONS, if the above cause (A' G CONDITION last.  II IIIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING F OPERATION 19B. CO WAS PE INT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Day) (Year  That (1) This haspite ) last sow the deceose and from the couses struck  URE  (AN'S Type)  - H SI Lung EMATION, 124B. DATE	any, giving staling the CONTRIBUTIN LATED TO THIT.  INDITION FOR REFORMED  218 hometc.  Why was all ottended the sed alive on  oted obove.	G G G G G E WHICH OPERATION  B. PLACE OF INJURY (e.g., ne., form, foctory, street, ne.)  INJURY OCCURRED  Mile At  Not White At Work  Che deceosed from Dece S  (We) (did) (did not)  M.D. At Ph  M.D. At	in or about 21 CAWHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II  ile	Nol 20B. IF YES, WERI IN CERTIFYING C  (If in Baltime  NJURY OCCUR?  19 6 to 46 that in my (our) as	Dec 4 19 6 Dinion death accurred an the

ere. Heit anno



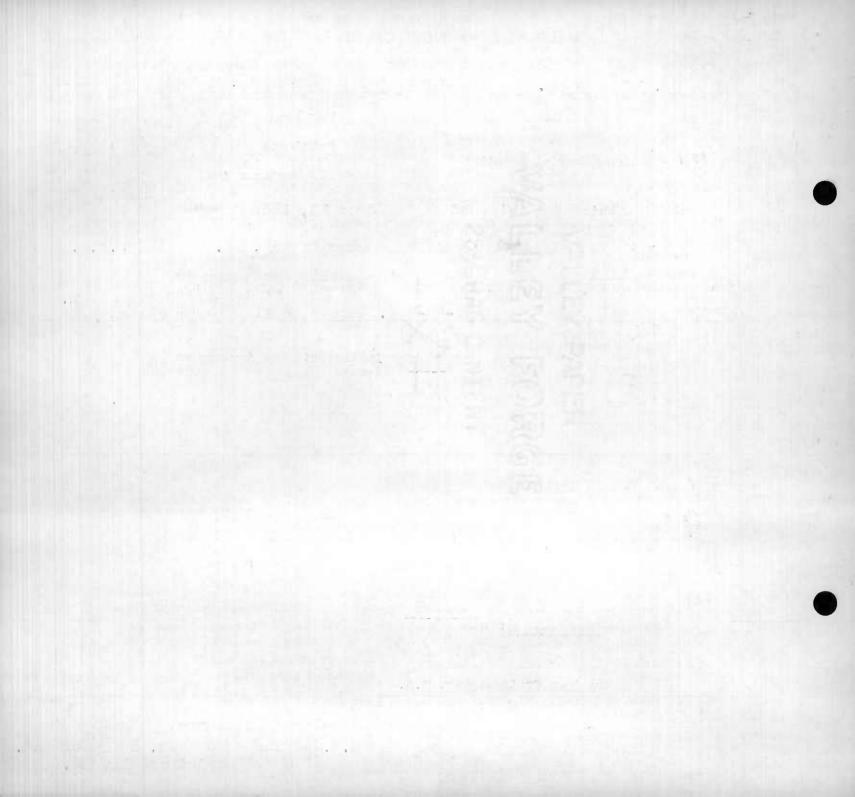
### AAEDICAL EXAMINED'S CEPTIFICATE OF DEATH Registered No

BIRTH NO.	MED	CALEX	AMINERS	EKHILIK	LATE OF L	JEA I II Kegisie	red No		
M.E. CASE NO.									
1. NAME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD		
	IVAS JENNIE		IVAS	A. STATE	Decem RESIDENCE (Where Maryland	ber 4, 1966 deceased lived, If inst B. col	litutian: resi	11:05 dence befare ac	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY O	R TOWN (If outside	e corporate limits, write	e RUBAL a	nd give townsh	rp7
35 Ch	urch Home & H	ospital		D. STREET	ADDRESS (If rurol,	Property and the second	0		
5. SEX	6. RACE	7. MAPPIED	NEVER MARRIED	B. DATE O	725 S. Bro		If Under	r 1 Yr. If Under	24 Hrs.
			DIVORCED (specify)		E. E. B. E.	9. AGE (In years lost birthday)		Days   Haurs	
Female	White	Marrie	BUSINESS OR INDUSTRI	Nov.	24, 1895	71	12. CITIZ	EN OF	1
	working life, even if retired)	IVA. KIND OF	BOSINESS OK INDOSIKI			in Country,	WHA	T COUNTRY?	
HOUSOW		Own H	ome		to Rico	F	U.	S. A.	
13. PATHERS HAV									
15. WAS DECEASE	John Alca		16. SOCIAL	17. INFORM	rbara		ADDRESS	Š	
	(If yes, give war or date		SECURITY NO.		Rivas	723 S. Broa	dway		
1B. // 9	01		CAUSE	OF DEAT	Н			INTERVAL BE	
DISEASES RISE TO TH UNDERLYIN  OTHER SIG TO THE	ANTECEDENT CAUSE OR CONDITIONS, 15 C E ABOVE CAUSE (A) S NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	CONTRIBUTING							
00	OPERATION 198. CON		WHICH OPERATION		TOPSY? (Yes or No) NO	20B. IF YES, WERE FI			
UTING CAU	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , farm, foctary, street,	in ar about office bldg., I	21C, WHERE DID NJURY OCCUR?	(If in Boltimore City, g	ive exoct l	acation)	
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Yea	V	VHILE AT NOT AT W	WHILE	PIF. HOW DID INJU	URY OCCUR?			
	tify that I held an			topsy		is bosis, deoth in i		n	
ACTUA		uses X A	Suicid	CHI	omicide U S EF MEDICAL EX NT MEDICAL EX		er 🔛	DATE SIG	NED
SIGNAT EXAMIN NAME (	VER'S Duties	r Breit	enecker, M.D.	ASSOCIA	TE MEDICAL E			12/5/	66
23A. BURIAL CRE REMOVAL (Specif	MATION, 238 DATE		C. NAME of CEMETERY		23 D. L	OCATION (City	r, town, ar		State)
Burial	12-9-0		St. Raymonds OF REGISTRAR	24C, I	Bruneral Director	onx, New Yo		ADDRESS	
		Robert	E. Farley M. M	Li	lly & Zeil	er Inc. 19	01-07	Eastern	Ave
VS 151-REV. 1/1/				~ ~					V

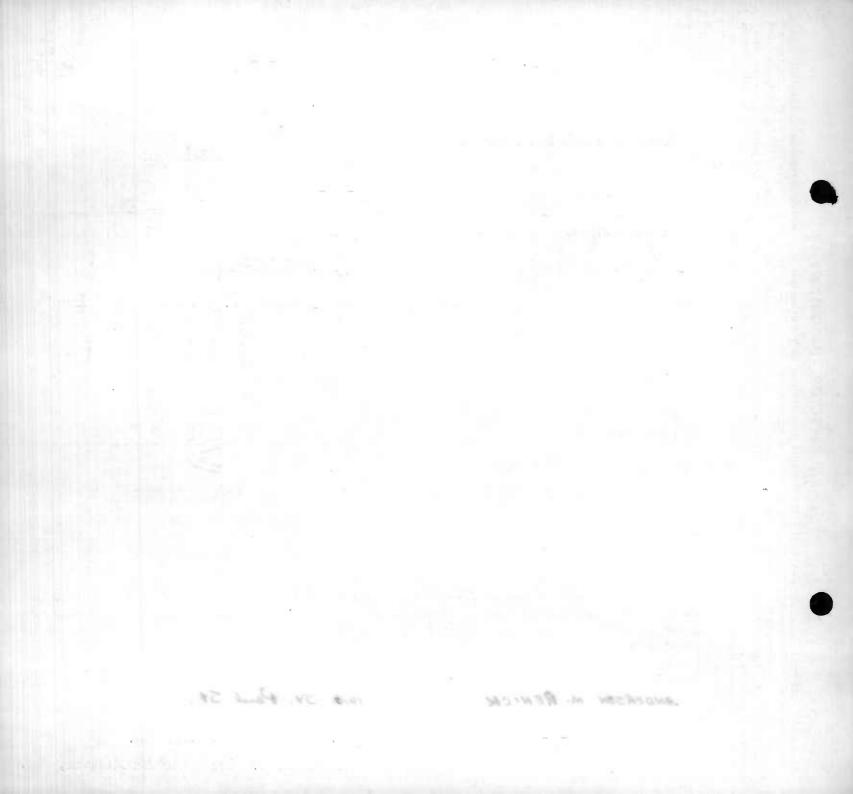


# BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12192

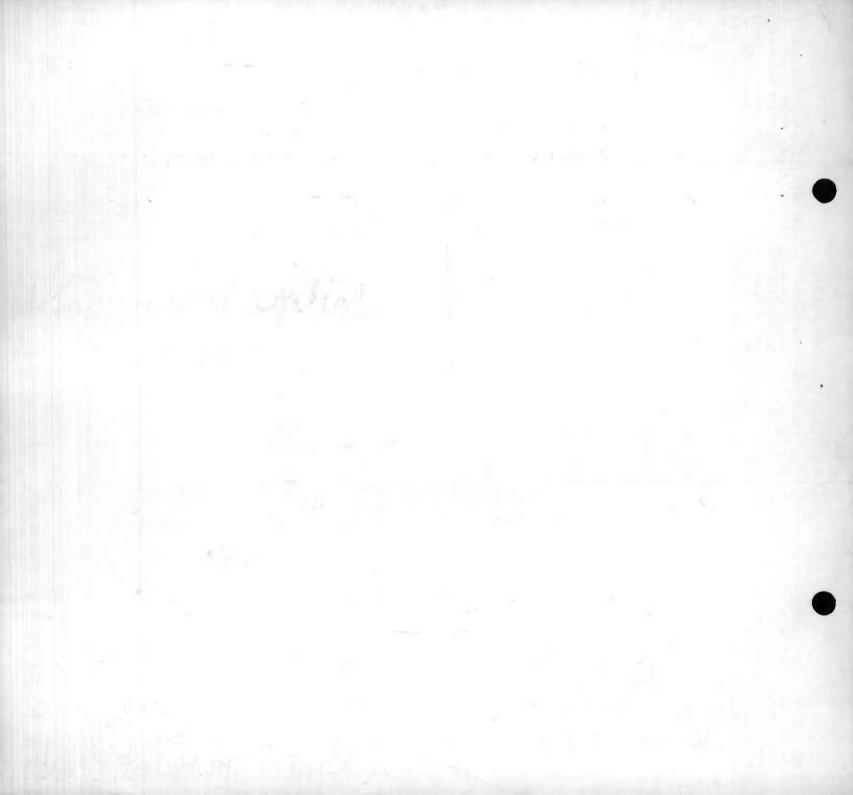
M.I	E CASE NO.								
	NAME OF DE	CEASED					D HOUR PRONOUNCE		
		SAMUEL	M.	ENGLISH			ber 4, 1966		:50 A M.
3. F	LACE IN BAL	TIMORE, MARYLAND	D, WHERE PRONOL	JNCED DEAD	A. STATE		deceased lived. If insti B. COU	itution: residence JNTY	e before odmission)
HO	L NAME OF	(IF NOT IN HO	SPITAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOW	land (N (If outsid	e corporate limits, write	RURAL ond gi	ive township)
	1/4				Balt	imore			-01
	TI	Union Memor	rial Hospi	tal	D. STREET ADDR			10	01
					223	Wendov	er Road		
5. S	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Y Months, Doy	r. If Under 24 Hrs.
	Male	White	Wide	owed	June 13,	1888	78		
don	during most of	WORKING life, even if reli	red) B&	BUSINESS OR INDUSTRY	III. BIRTHPLACE (S	State or foreig	n country)	12. CITIZEN C	
Re	tired-	Medical&S	urgical	Director	Landis	burg.	Pa.	US	5 A .
13.1	FATHER'S NAM	ME			14. MOTHER'S MA	AIDEN NAM	E		
		nglish ED EVER IN U.S. AR	WED FOREST	16. SO CIAL		Koch	enderfer	A.D.D.D.C.	
		(If yes, give wor or		SECURITY NO.	17. INFORMANT		3026 Ca	address adillac	Dr.
	Yes	IWW		089-RR-Ret.	George	Engli	sh Cedar H		
	1B. 42	2.1			OF DEATH			INT	ERVAL BETWEEN
	DISEA	SE OR CONDITION							JET AITS SEATTI
	(This does	LEADING TO DE		(A) Arter	ioscleroti	.c Card	iovascular		
	heort torlure	e, osthenio, etc. It mo implication which cou	eons the diseose.	ригто D	isease				
		OR CONDITIONS,		(B)	***************************************				
	RISE TO TH	HE ABOVE CAUSE (A	A) STATING THE	DOE 10					
z	ONDERLIT	NO CONDITION LA	431.	(C)					
은		11							
CERTIFICATION	TO THE	ENIFICANT CONDITION DEATH BUT NOT DEATH STEELER	RELATED TO T						0.00.00,00,00.000.00,000.000.000.000.00
ERT		F OPERATION 198.		WHICH OPERATION		(Yes or No)	20B. IF YES, WERE FIL		
	OLA EVTERNIA				No				
ш	UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	in or obout 21 C. W	OCCUR?	(It in Boltimore City, gi	ve exoct locotio	)n)
Σ	21D TIME OF INJURY	(Month) (Doy)	(Year) (Hour) 2	1E. INJURY OCCURRED	21 F. HO	M DID INT	JRY OCCUR?		
	(APPROX.)		m. V	VHILE AT NOT Y	ORK				
	22.	rtify that I held an	Inquiry 🗌	Inspection X Aut	apsy and	that on th	is basis, death in m	ny apinian	
	resu	Ited fram: Natura	causes X A	ccident Suicide	e Hamicid	de 🗌 🔝	Indetermined manne	er 🗌	
		12/	1 - 0	7 //	CHIEF ME	DICAL EX	AMINER	0	ATE SIGNED
	SIGNAT		500 Cu	MIL M.D.	ASSISTANT ME	DICAL EX	AMINER X		ATE STORED
	EXAMIN NAME (	NER'S Pudia	er Breiten	ecker, M.D.	ASSOCIATE ME	EDICAL E	KAMINER	1	2/5/66
	BURIAL CRE		E 230	C. NAME of CEMETERY o	r CREMATORY	23 D. L	OCATION (City,	town, or count	y) (Stotel
	tombme		/1966	Greenmount	Mausole	um B	altimore,	Mar y	land
		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	L DIRECTOR		. ADDI	RESS
		DEC 6 19	66 R.O. 1	4 2 Fall as	2 0 2	nkins	& Sons Co Baltimo		York Rd.
VS	151-REV. 1/1/	/65							7



		В	ALTIMORE CITY	HEALTH DEPARTMENT	T.	66 12193
HRTH NO.	66 12	193	ERTIFICA	TE OF DEATH	Registered No	00 15100
M.E. CASE NO.		.3 ()()		DATE	AND HOUR OF DEAT	u 1//i
(Type or Print)	Rudolf	7. Martin			5-1966	16 4 M
3. PLACE OF DEAT	H IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (	Where deceased lived, If DUNTY	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(It not in hospital oddress or location	or institution, grve stre	et	C. CITY OR TOWN	f outside city limits, writ-	e RURAL and give lownship)
Union	Memorial	Hospital		D. STREET ADDRESS	(If rural, give location)	3/-01
44				402/ Walt	her Boulevi	ard
male 6	white	7. MARRIED, NEVER WIDOWED, DIVO	MARRIED RCED (specify)	5-28-1915	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ATION (Give kind of war orking life, even if retired)	10B. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insuran	1	Insurance	0	Germany		USA
13. FATHER'S NAM		7,0000000		14. MOTHER'S MAIDEN	NAME	
7nita	Otto Mart	in		Erna Wei	nachonh	
5. Wos Deceased	ver in U. S. Armed Fo	rces? 16. SO		17. INFORMANT	VICI CETUR	ADDRESS
	If yes, give wor or dot		12099	May France	es T. Mart	in same
1B. 44.00	14101	4100	CAUSE OF		es i. macc	INTERVAL BETWEEN
/	OR CONDITION DI	RECTLY	1		, -	ONSET AND DEATH
	EADING TO DEATH		(A)	mangun 8	columen	
heart failure, a	I mean the made at sthenia, etc. It means licotian which coused	s the disease,	DUE TO	)		
	NTECEDENT CAUSES		(B)			
	CONDITIONS, if		DUE TO			
rise to the	obave couse (A)		(C)			
	11		6		4	
TO THE DEA	CANT CONDITIONS ( ATH BUT NOT REL ONDITION CAUSING	ATED TO THE	Dealer	tes Mellel	us	
19A. DATE OF C		NDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING DAUSE OF nedicol examiner		OF INJURY (e.g., in foctory, street, of	or obout 21C. WHERE DI	D (If in Boltim R?	ore City, give exact location)
OF INJURY	Month) (Doy) (Yeor)	(Hour) 21E, INJURY While At Work	Not White		INJURY OCCUR?	
22. I certify t	hat (I) (this hospita	I) attended the dece	ased fram /	6/12/66	19ta	12/5/6/ 19
	ast saw the deceas		125/44	19and		pinian death accurred an the dote
and haur and	fram the causes sta	ited abave. (I) (We)	(did) (did nat) v	iew the bady ofter dea	th.	
23A. SIGNATUR	//	- /	14 = 1		S. 11	23 B. DATE SIGNED
(1	pleu	cl	M.D. Atte	Med. Director	Stoff Phy s.	12/3/64
23C. PHYSICIAN NAME (Typ	'S e)			3D. ADDRESS	1 1 -	
ANDE	0	ENICK	M.D.	1010 JY. F	aul 5t.	
REMOVAL (Sp	ATION, 24B. DATE	24C. NAME of	CEMETERY OF CRE	MATORY 24	D. LOCATION	City, town, or county) (State)
burial	12-9-	66 Holy F		Cem.	Baltimore,	
25A. DATE REC'D E	THEALTH DEPT.	25B. NAME OF REGIS	taleur.	25C. FUNERAL DIRECT	J. Ruck In	c Baltimore, Md.
	1316 E D 429	DU TILLY SELLO	M )	7		



BIRTH NO.  M.E. CASE NO.	CERTIFICATE OF DEA		66 12194
1, NAME OF DECEASED (Type or Print)		ATE AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	FRSON	11-3-66 E (Where deceased lived. If institu	1:30 PM.
FULL NAME OF (If not in hospital or institution, give oddress or location)  THE JOHNS HOPKINS H  BALTIMORE, MD 21205	C. CHY OR TOWN  C. CHY OR TOWN  CAMBRID  D. STREET ADDRESS	(If rurol, give location)	T ond give township)
5, SEX 6. RACE 7. MARRIED, NEV		9. AGE (In years If Miles)	Under 1 Yr., If Under 24 Hrs.
DA. USUAL OCCUPATION Give kind of work 10B, KIND OF BUS			COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAID	EN NAME	
CHELSEA BANKS	KATHRYN	PATTERSON	N
S. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL SECURITY NO.	w Pattonio	e mylides
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) CONDENITA TRE DUE TO (C)		4/3 mo
11/2/ WAS PERFORMED TO CH	spid atresia YES	IN CERTIFYING CAUSES	NINGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicof exominer)  21 B. PLA home, for etc.)	CE OF INJURY (e.g., in or about 21C. WHERE rm, factory, street, office bldg., INJURY OC	OID (If in Boltimore Cit CUR?	y, give exoct locotion)
		DID INJURY OCCUR?	
22. 1 certify that (#) (this hospital) attended the d		1964 10 11/3	19 66 ,
ond hour ond from the couses stated above. (1) (**		.ond that in (my) (eet) opinior	death occurred on the date
23A. SIGNATURE S. Roman	M.D. Attending Med. Directo	Stoff C	DATE SIGNED
23C.PHYSICIAN'S NAME (Type)  Jerry Dorman	23D. ADDRESS M.D. The Johns	Hopkins Hospit	al
24A. BURIAL CREMATION, 24B, DATE 24C, NAME REMOVAL, (Spraify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	CEMETERY OF CREMATORY	ambude	ADDRESS (Stote)
DEC 6 1966 R.O. A	2 In as Dock	er M. We	A Jalistin



66	12195	
VV	111111111111111111111111111111111111111	

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered	No. 66	121	35
------------	--------	-----	----

BIRTH NO.	66 12195	)	CERTIFICA	ATE OF DEATH	Registered Na	66 12195	4
M.E. CASE NO.	CEASED				AND HOUR OF DEATH		
(Type or Print)	Ellis Re	oland De	ans	Dece	ember 1, 1966	5   2:	ам
3. PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (V	Where deceased lived. If in	stitution: residence before odm	
FULL NAME ( HOSPITAL OR INSTITUTION		or institution, grv n)	e street	Maryl		RURAL and give township	2
	Provident	t Hospit	al	Balti	more	100	
34	1514 Div:	ision St	reet	D. STREET ADDRESS		-000	
			and 21217	2532	McCulloh St	reet	
s. sex Male	6. RACE Negro	7. MARRIED, N	EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH April 26,1902	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 2	24 Hrs. Min.
OA. USUAL OCC	UPATION (Give kind of work			RY 11. BIRTHPLACE (State or		12. CITIZEN OF	
	(working life, even if retired)				(D	WHAT COUNTRY?	
	Teacher	Retin	ed	Virginia	(Portsmouth)	U.S.A.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
Joseph	Deans			Sanhia Can-	0.00		
5. Was Deceoses	d Ever in U. S. Armed For	ces?	6. SOCIAL TO	Sophia Conn	101.	ADDRESS	
res, no or unknow	n) (II yes, give war ar date	s of service)		3-1			
No		2	14-40-5201	Elmer W. Des	ans-wife	same	
1B. 3 =	I V I		CAUSE	OF DEATH		INTERVAL BETWEE	
DISEA	SE OR CONDITION DIE	RECTLY	(A) Ce	rebral hemorrh	age - ner let	onset and deal	
	nol mean the mode of		DUE TO	Pl 6	0		196
	, osthenio, etc. II meons mplication which caused		to	emplecie	-	/	1900
		dediii.7	in its	noto Quin	1 essoulace	1 6tylors	)
	ANTECEDENT CAUSES		DUE TO	The work			w
	OR CONDITIONS, if		Ĺ.	) •			
	ne obove cause (A) G CONDITION lost.	stating the	(C)				
					4.7		
E TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE				1 %	
	F OPERATION 19B. CON WAS PERI	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF		ACE OF INJURY (e.g., form, factory, street,	, in at about 21C. WHERE DIE office bldg., INJURY OCCUR	(If in Boltimore	e City, give exact location)	
U			LILLEY O.C. CLICATO	015	MILLIAN AGGING		
OF INJURY	(Month) (Doy) (Year)		NJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		While Work	At Wor	hile hile			
22 1	. al = a /1\ /al · = 1 = - · · · · · · · · · · · · · · · · · ·				10 66 . Dec.	ambam l	66
						ember 1, 19 (	
that (I) (we	ast saw the decease	d alive an	December 1	, 19 66 and	that In(my) (aur) api	nian death accurred an th	ne date
and have an	nd fram the causes stat	ed abave. (1)	(We) (did (did not)	view the bady after deat	th.		
23A. SIGNATI						23B, DATE SIGNED	
	the way	Ven	1 L / M.D. A	ttending Med.	Stoff 🔛	December 1, 19	966
	/ thuch !	- 04	VV PH	hys. Director	Stoff Phys. K	becember 1, 1	900
23C. PHYSICIA	Type I	1	0 - 0	23D. ADDRESS			
1	VAMES	0.0	ARR M.C	1514 Division	Street Rela	timono 17 Man	1r] a.
24A. BURIAL CRI	EMATION, 24B. DATE (Specify)	24C. NAN	AE of CEMETERY OF C			timore 17, Mar	y Lai
Burial	12/5/66	An	butus Memor	ial Park	Arbutus Ba	1+0 00 252	
	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIREC	TOR BA	lto Co. Md	
	, , , , , , , , , , , , , , , , , , , ,		: 8 Faller		( )		
	DEC 6 1966	J ( 1/22 / )	C. Manker	w huernerr m:	Nutter 3035	W. North Ave	
VS 150-REV. 1/1/	/65	1237777777					

The article of the contract of

of (Military)

digit

STORY IN THIRD STATE DIST

Servential Lancering

5...

Constitution of the consti

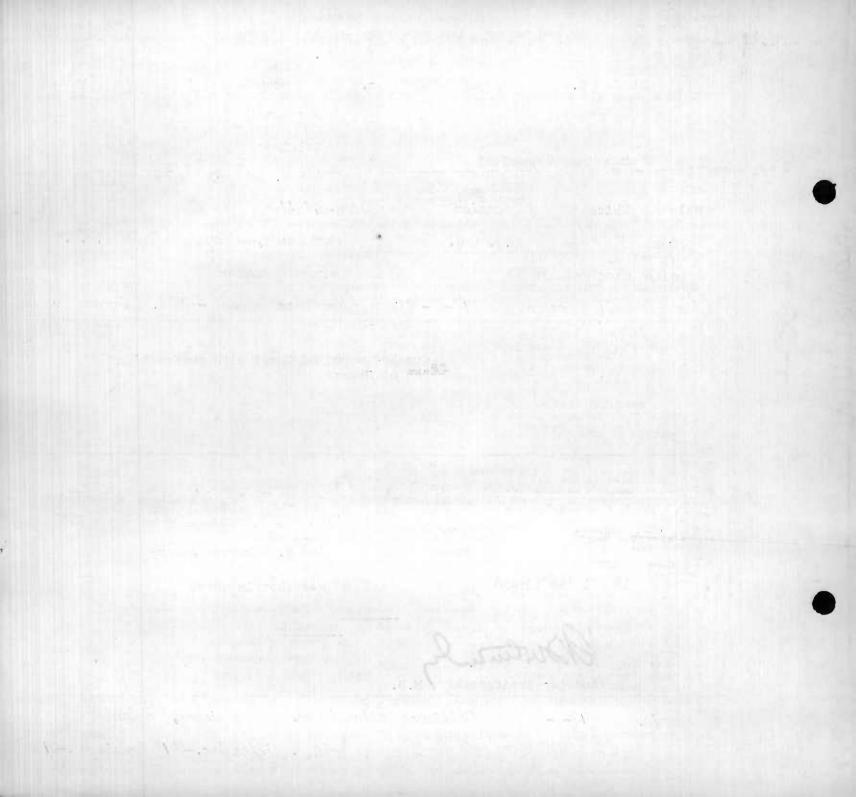
on distribution of the state of the last o

11	Print)			CT2	2.				
2 21 4 5				LAMBROS		December 4, 19		40 A M.	
3. PLAC	F IN BALII	IMORE MARYLANI	D, WHERE PRON	OUNCED DEAD	A. STATE		OUNTY	before odmission)	
FULL N HOSPITA	AME OF L OR TION	(IF NOT IN HO ADDRESS OR I	SPITAL OR INST	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore				
J	ohns I	Hopkins Ho	spital	(DOA)	D. STREET ADDRES	S (If rurol, give locotion)  7 Springwood Av	#6		
5. SEX		6. RACE		D, NEVER MARRIED D, DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In yeo	ors   If Under 1 Yr.	If Under 24 Hrs. Hours , Min.	
Ма	le	White	2.0	arried	5-29-190	(100 5		110013	
		PATION (Give kind o		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Sto	ote or foreign country)	12. CITIZEN OF	UNTRY?	
huard			Epile.			Sen Mane		U.S.A	
13.FAIF	ER'S NAM				14. MOTHER'S MAIL				
15. WAS	DECEASE	Thomas La		16. SO CIAL	17. INFORMANT	Helen Kara	fotis		
(Yes, no	3.7	(If yes, give wor or	dotes of service						
1B.	No				Mrs Evely	n D. Lambros 430		ood Ave	
	1 0	E OR CONDITION		CAUS	OF DEATH			ET AND DEATH	
R	SE TO THE	OR CONDITIONS, E ABOVE CAUSE ( IG CONDITION L	A) STATING TH	G (B) DUE TO E (C)	00000000000000000000000000000000000000				
은 [	I 3HT C	II  VIFICANT CONDITION  DEATH BUT NOT  R CONDITION CAU	RELATED TO						
Ö		WAS	PERFORMED	R WHICH OPERATION	Yes	Ye	AUSES OF DEATH?		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg, INJURY OCCUR? etc.)									
OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  AT WORK									
22.	I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my aplaion								
	result	ted from: Notura	l couses X	Accident Suicio	le Hamicide	Undetermined ma	nner		
	ACTIVA	11	0.0	0		DICAL EXAMINER	DA	TE SIGNED	
	SIGNATI	URE	18U.			DICAL EXAMINER X			
	EXAMIN	ER'S Char	les S. Sp	ringate, M.D.	ASSOCIATE MED	DICAL EXAMINER	December 4	, 1966	
NAME (Type)  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Slote)									
	RIAL CREA		E	23C. NAME OF CEMETERY	OF CKEMATORY	23D. LOCATION	city, town, or county)	(Stote)	

the first of the control of the person of the control of the contr

## BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12197

	L CASE NO.										
1. NAME OF DECEASED (Type or Print)						2. DATE AND HOUR PRONOUNCED DEAD					
,,		HARLES E	Ξ.	В	ROCKLEHURST	n.	Dece	mber 1, 1966	,	1:15	A M.
3. P	LACE IN BALT	IMORE, MARY	LAND, WH	ERE PRONO	JNCED DEAD	4. USU	L RESIDENCE (When	deceased lived, if ins	titution: resid	dence before o	dmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmission) A. STATE B. COUNTY  Maryland					
						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
INSTITUTION					Paltimore 6-67						
Church Home & Hospital						Baltimore  D. STREET ADDRESS (If rurol, give locotion)					
						426 N. Lakewood Avenue					
2 3	EV	4 BACE	1-	7 AAABBIED	ALEVED AA ARRIED	DATE				- 1 V- 1/ 11-1-	24.11
6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)						B. DATE OF BIRTH  9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.					
]	Male	White	3	Mar	ried	Dep	t.3,1911	35			
				OB. KIND OI	BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (State or fore	gn country)	12. CITIZ	EN OF	
	Postman	vorking life, ever	n if refired)	U.S.	Govt.	7	erra Haute,	Indiana	WHA	1 90UNTRY?	
	ATHER'S NAM	NE .		0.10	)		HER'S MAIDEN NAM				
	0	0					Esta Edmi	indian			
E 1		Brockl			11/ 50 61 41	17 11100	0	TWO IL	A D D D D D D D D D D D D D D D D D D D		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, raive wor, or dotes of service)						(lara Brocklehurst 426 N. Lakewood Avenue					
	Yes	WW11 &			216-07-0734	(4	ara Brockle	hurst -420 1	V. Lar	rewood A	venue
	18.	1 38			CALLSE	OF DEA	TH			INTERVAL BE	TWEEN
	E 70	19								ONSET AND	DEATH
	DISEAS	LEADING TO		CTLY			1 6 61				
	(This does n			dvina. e.a	Gunsho	t wound of Chest with perforation					
	heort foilure,	s does not meen the mode of dying, e.g., to follow, osthenic, etc. It meens the disease.  The state of Heart of the disease of the state of the stat									
	injuly of con	inplication wine	ii coosea ae	.0111.67							
	A	NTECEDENT	CAUSES								
	DISEASES	OR CONDITIO	ONS, IF AN	Y, GIVING	DUE TO						
		E ABOVE CAU		TING THE							
Z					(C)						
CERTIFICATION		B									
<b>₹</b>		VIFICANT CO									
Ĕ		DEATH BUT			HE						
R	19A. DATE OF				WHICH OPERATION	20A. A	UTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS C	ONSIDERED	
$\ddot{\circ}$	2.		WAS PERFO			IN CERTIFYING CAUSES O					
A	21 A EXTERNAL	A, EXTERNAL CAUSE WAS			PLACE OF INITIRY (a.g.	Yes in or obout 21C. WHERE DID (If in Boltimore City, give exoc			ive exect le	Yes Yes	
O	UNDERLYINGX	OR CONTRIB.		home	, form, foctory, street, o	office bldg., INJURY OCCUR?					
w	UTING LCAU	SE OF DEATH	l.	etc.)	Home		426 N. La	kewood Aven	ue		
	21D TIME	(Month) (D	loy) (Yeor)	(Hour) 2	IE. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
	(APPROX.)	APPROX.) 12 1 '66 12:45A WHILE AT NOT WHILE WAS shot in chest									
	(APPROX.) 12 1 '66 12:45A, WHILE AT NOT WHILE W Was shot in chest 22.										
		12.  I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinion									
	result	resulted fram: Natural causes Accident Suicide Hamicide X Undetermined manner									
		CHIEF MEDICAL EXAMINER									
	ACTUAL	1/	N M	tin	2					DATE SIG	NED
	SIGNATI		1100	7 cui	W 3 M.D.		ANT MEDICAL E				
	EXAMIN NAME (1		diger	Breite	necker, M.D.	ASSOC	ATE MEDICAL	XAMINER		12/1/	66
23A	BURIAL CREA		B. DATE	23	C. NAME of CEMETERY of	CREMA	TORY 23D.	LOCATION (City	, town, or	county)	(Stote)
	AOVAL (Specify	1),		-	Baltimore Na			Baltimore, A			
	Buria		12-5-60						, organi	a.c	
24A	DATE REC'D	and the same of th			OF REGISTRAR	24C	FUNERAL DIRECTO	R	ro f	ADDRESS	2/20/
		DEC 3	1956	Ololie	E. Soilman	0 0	onn . Mil	ler Inc641	2 Dell	aur Ka	21200
							1 12 1	4			



150-REV.

Such

a hospital and

	00 1040	0	BALTIMORE CITY	HEALTH DEPARTMENT		66 12198	
ATH NO.	66 1219	0	CERTIFICA	TE OF DEATH	Registered Na	60 15138	
NAME OF DEC	EASED			2. DATE AN	ID HOUR OF DEATH		
Type or Print) MC	FADDEN, ESTON	V EARL		Decem	ber 5, 1966	9:50 A	
	TH IN BALTIMORE, MA			4. USUAL RESIDENCE (Whe	re deceased lived. If in:	stitution: residence before admission	
FULL NAME O	F (If not in hospital oddiess or location	or institution,	give street	Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
NOITUTION V	eterans Admir	ni strat:	ion Hospital		A CORAL ONG GIVE IOWISSING		
	900 Loch Rave		_	Owings Mills	rurol, give location)	aggi	
	altimore, Man			10 0 Ditt.	T		
SEX	6. RACE		, NEVER MARRIED	40 S. Ritter	9. AGF in years	If Under 1 Yr., If Under 24 Hr:	
Male	Caucasian	Divo	p, DIVORCED (specify)	8/1/97	lost bi doyl	Months Doys Hours Min,	
	JPATION (Give kind of work working life, even if relifed)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign c try)	12. CITIZEN OF WHAT COUNTRY?	
Mechanic		Md.	Casualty Co.	Maryland	United States		
FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	ME		
W1774	I MCP-22-			Tours Honor			
Was Deceased	J. MCFadden  Ever in U. S. Armed For	cos?	1 6. SOCIAL	Laura Henry		ADDRESS	
es, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.		F-C TEATE D-1		
Yes	4/1/17-5/13/	19	213-18-01-28	Hospital Reco	rus, van bai	, Ma,	
1B. 5 2	7.21,		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEAS	E OR CONDITION DIE	RECTLY					
/This does n	LEADING TO DEATH	dvina a a	(A) Kest	piratory failure	***************************************	two weeks	
heort foilure,	asthenia, etc. It meons	the diseose		ic Obstructive	Pulmonary		
	nplication which caused	death.)	(B) Disea		2 022.01.01.01		
1	ANTECEDENT CAUSES		DUE TO				
	OR CONDITIONS, if						
	obave cause (A) G CONDITION last.	sloling the	(C)				
	11						
	FICANT CONDITIONS C						
	EATH BUT NOT RELA		HE				
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	FINDINGS CONSIDERED		
0	WAY LEK	OKMED		No	IN CERTIFING CA	USES OF DEATH:	
21 A. ACCIDE	NT WAS UNDERLYING TING CAUSE OF	211	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Bo)timore	City, give exact location)	
DEATH (notify	medical examiner)	etc		nes siege, maski sedek.			
21D. TIME OF INJURY	(Month) (Doy) (Yeor)	(Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)			hile At Not While	e 📉			
			ork Al Work				
l e			the deceased from Oct	A 50	19 <b>66</b> 10 Decer		
that (1) (we)	last saw the decease	d alive an.	December 5,	19 <b>66</b> and th	at In(ny) (aur) api	nian death accurred an the da	
and haur and	from the causes stat	ed above.	(We) (did) (fif fight) v	iew the bady after death.			
23A. SIGNATU	IRE O	11				23 B. DATE SIGNED	
0	all't.	1-12/	On on M.D. Atte	mding Med. Director	Stoff Phy s. DC	December 5, 1966	
23C. PHYSYCIA	N'S	Jul		23D. ADDRESS Veterans		,, -,,-,	
NAME IT			M.D.			wane Ma 01014	
JOHN A. BURIAL CRE	F. HABENER	M.D.	AME of CEMETERY OF CRE			imore, Md. 21218 ty, lown, or county) (Stole)	
REMOVAL (		( Z	171	P 7	1/ D	17. IOWIL OF COUNTY (STOTE)	
SURIAL	& Dec 1	06 UI	ruld 1610191	Cem Pil	1esuille 132	1 to Co, 111d	
A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	212/	ADDRESS	
	DEC 7 1066	1 (12: D.o.	IT E, Janky	Bulddies Ful	spubl Home	13/31 FALLERIL	

4 33:12 · CELLER OF EXPLOSED A TELLER OF THE PARTY O . Vin Pard Seul, lo , 40 = 11 AND THE RESIDENCE OF THE PARTY 60 Voqualer 1, , HILL IN THE Bereins of the sign Brand St. Mar Come of The wind the Committee of the Butter Luddel First (19 12 18 18

1429 W. Bernst Gerns St.

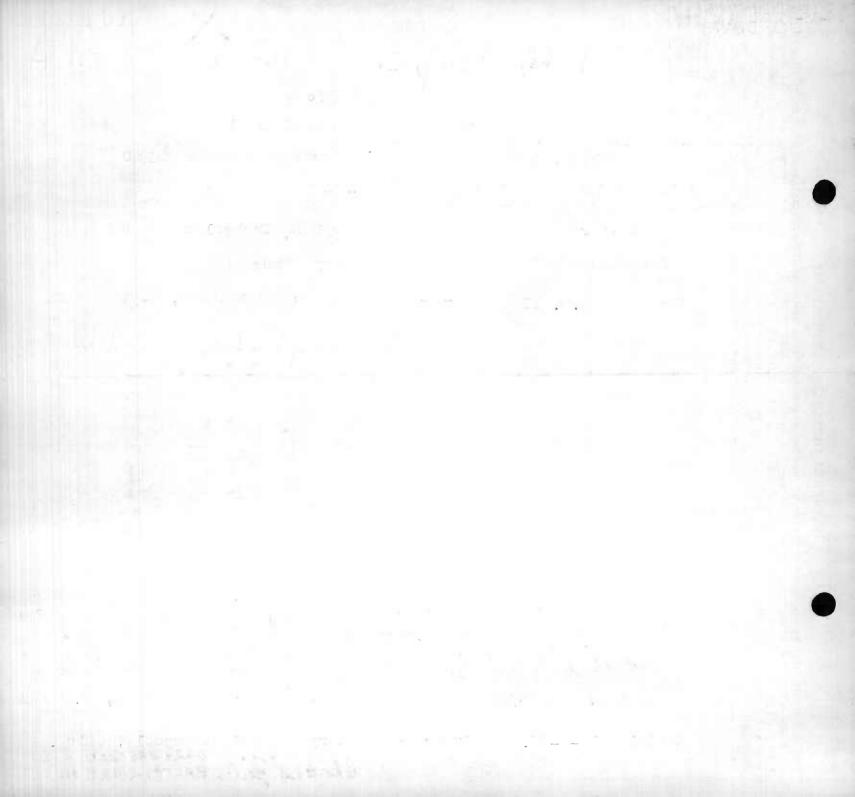
Female while was Merch rings St.

14 home Thomas Berns Maga Melvin

Wellern Henry Berns Maga Melvin

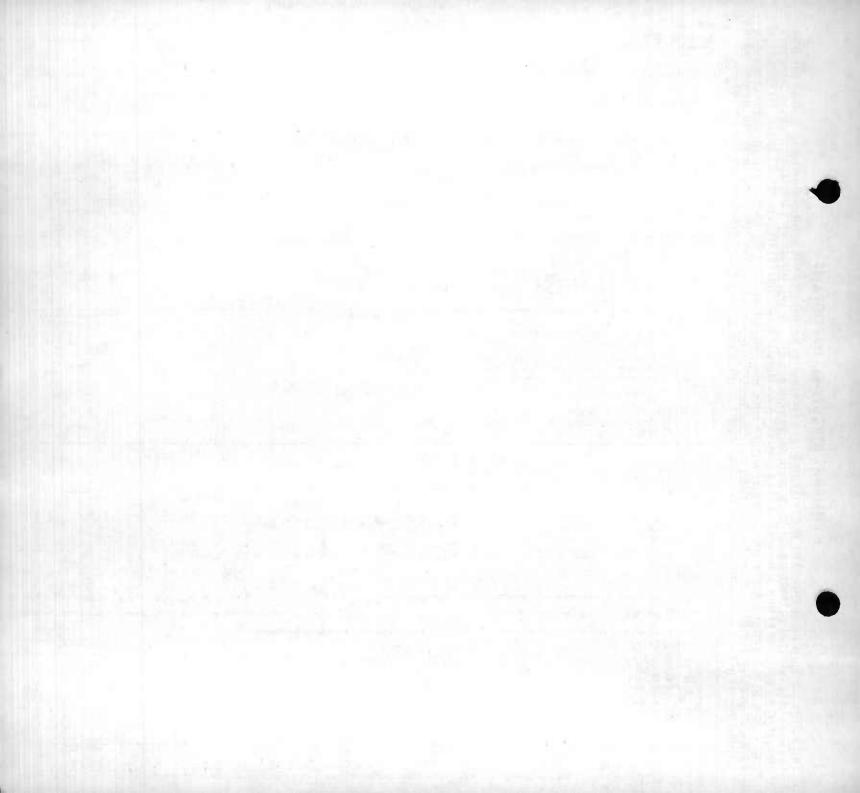
No Earth M. Barnes Hill

Frederick of Vollmer Lies Yeak Rd Boltman & Borrel



VS 150-REV. 1/1/65

66 12201	BALTIMORE CITY	HEALTH DEPARTMENT	1/	00 40054
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	<u>66 12201</u>
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) Maude E. Oll:	inger Laude	rdale Dece	ember 2. 1	966   1:07 P. M. Stitution: residence before admission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	o deceosed lived. If ins	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, g	ve street	Maryland	Baltimo	re Ca
HOSPITAL OR oddress or location) INSTITUTION		Maryland c. City or town (If out	side city limits, write R	URAL and give township)
AGould Convalesarium		200 W. Semi	inary Aven	ue 53-00
6116 Belair Road		D. STREET ADDRESS (If	rural, give location)	
		Luthervill	le, Maryla	nd 21093
5, SEX 6. RACE 7. MARRIED, WIDOWED,	NEVER MARRIED DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female White Widow	V	March 21,187	91	
tOA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewife Own Ho	am o	Pennsylvania	1	USA
13. FATHER'S NAME	Ane	14. MOTHER'S MAIDEN NAM		0.025
James Edward Stowe		Unknown		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17, INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	T3		
No None	CAUSE O	Family Record	ls	INITERVAL OFFICERS
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	K	Instalis Center		YEAR AGO
(This does not mean the made of dying, e.g.,	DUE TO	210-1001	0,000,00	
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)		Old age Congestine ple		
ANTECEDENT CAUSES	(B)	ow age		
DISEASES OR CONDITIONS, if any, giving	DOE 10	n - /	, , , ,	
rise In the above cause (A) stating the UNDERLYING CONDITION last.	(C)(	ongestion pe	und tarline	
UNDERLYING CONDITION last.		,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Horl		
19A. DATE OF OPERATION 19B. CONDITION FOR W		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	Nane	Mone	IN CERTIFYING CAL	DOES NOT Apply
U 21A. ACCIDENT WAS UNDERLYING [218.1	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
			NOT Apple	
Q 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E.	INJURY OCCURRED	Ly DOES 21F. HOW DID INJU	URY OCCUR?	
OF INJURY (APPROX) Whit	e At Not While	· Does	Mat Appl	4
22. I certify that (1) (this hospital) attended th	e deceased fram			
that (I) (we) last saw the deceased alive on		Feeder 60000 - 000 - 00000 - 00000 - 00000	at in(my) (aur) opir	nian death accurred an the dote
and haur and from the causes stated above. (1)	(We) (did) (did nat) v	riew the bady after deoth.		
23A. SIGNATURE	10 400 400	anding AAnd	Stall -	23B, DATE SIGNED
Shunles - & John	Phy Phy		Stoff Phys.	12/5/66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
CHACLES. P. CRIMY	M.D.	2722 E. MON	UMENTST	BAKTOS Md
24A. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETERY of CR	EMATORY 24D. LO	OCATION (Cit	y, town, or county) (Stote)
	laney Vall	ev Memorial	Cockeysvil	lo Wonylma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	FREGISTRAR	25C. FUNERAL DIRECTOR	CVEASATT	ADDRESS
DEC 7 1966 R. D. B	E dalle A	John Burns	Sons, Town	son, Maryland



IMPORTANT

DIRECTOR:

FUNERAL

HELD WARD WESTERD

A But I for with my

- 14AJ CAAST - SALTINCKE

CHURCH HOME & HOSPITHL

- LALASE YAW GASAR . M GOI

KAHAR

Dec 136 1964

- NEN

ANDENA GUALVAM

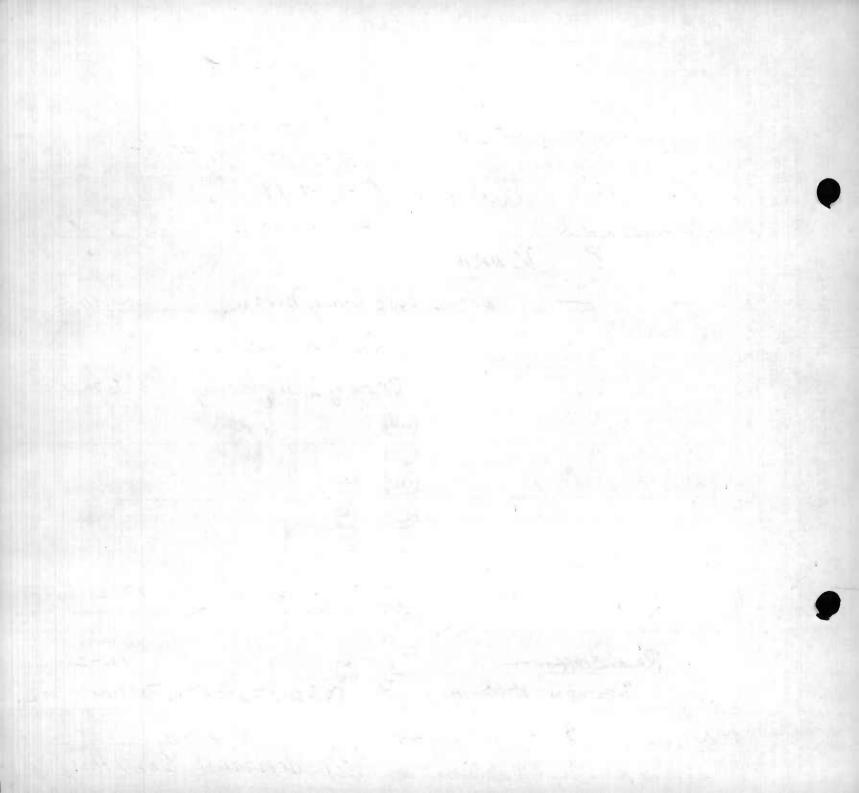
ROBBERT COOPER. MKG CARLA COOPER

Church HEME WHOSPING 218

would reme of a more dust M and 1044

Prematuring.

3 Jan E 2019 Dec. 34, Dec. 181-



66 12204

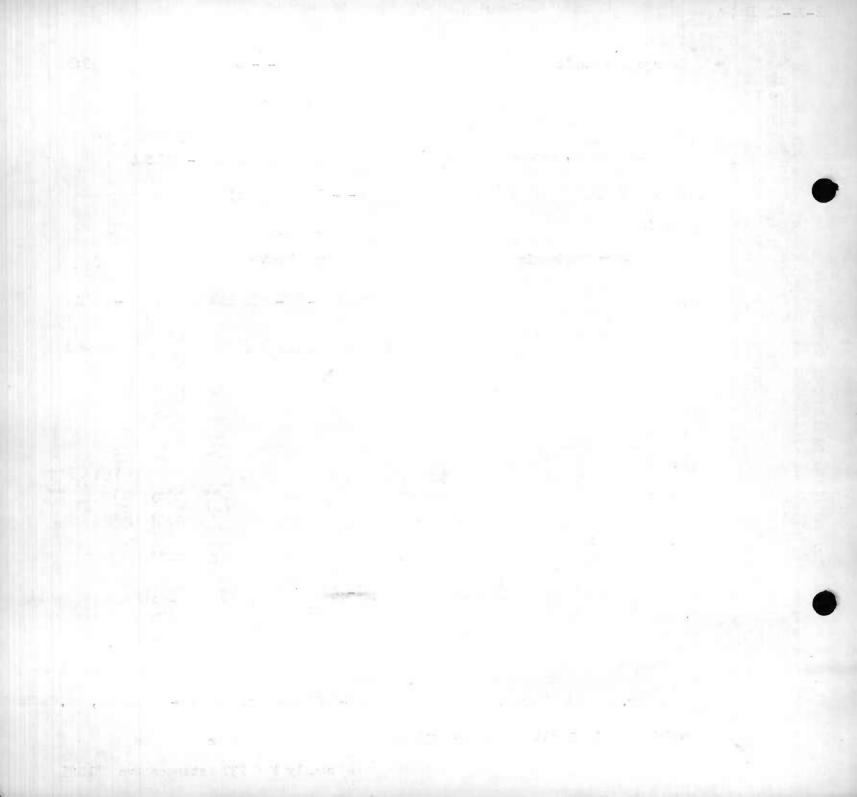
6	12204	BALTIMORE CITY F	HEALTH DEPARTMENT	
BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE (	OF DEATH Registered No

WED!	CALLA	AMIII ALIK 5 CI	CKINICAI	LOIL	LA III Kegisie	,	
I. NAME OF DECEASED				O DATE AND	HOUS BROWNING		
(Time as Paint)	EVERET	JONES		Decembe	er 2, 1966	4:	:50 A
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOU	INCED DEAD	4. USUAL RESIDE	NCE (Where	eceosed lived. If insti	itution: residence	before odmission)
FULL NAME OF (IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Mary	land			
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA INSTITUTION	TION)		C. CITY OR TOW	N (If outside	corporate limits, write	RURAL ond giv	re township)
			Balt	imore	24	1-0-	
South Baltimore Gene	ral Hos	pital	D. STREET ADDRE	ESS (If rurol,	give location)		
43					idall Avenue	е	
5. SEX 6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		If Under 24 Hrs. Hours Min.
Male White	Sin		May 23,	1920	46		
IOA. USUAL OCCUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY			country)	12. CITIZEN OF	F
done during most of working life, even if retired)  Laborer	Misce	1.	Virgi	nia		WHATCO	ON IKI:
13. FATHER'S NAME			Virgi	IDEN NAME			
Thomas Jones			Valo:	ry Hen	ry		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown), (If yes, give wor or dates		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
Yes WW II	s of service		O Mr. Got	atfru	Jones Me	nassas,	Vo
18. 7 5 7 /			OF DEATH	<u> </u>	O O II O S MA		RVAL BETWEEN
10/1/1		CAUSE	OF DEATH				ET AND DEATH
DISEASE OR CONDITION DIR	RECTLY	Canaan	ital Dalma	vietie T	Vicana of		
(This does not mean the mode of	dying, e.g.,	X R R EXARX	ital Polyc		isease or		***************
heart foilure, asthenia, etc. It means injury or complication which caused d	deoth.)	Kidney	s and Live	er.			
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF A	NY, GIVING	(B)		•••••			
RISE TO THE ABOVE CAUSE (A) ST.	ATING THE					N. I	
z		(C)			***************************************		
11							
OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING ATED TO THE	IG HE Fatty	Liver and	Cirrhos	sis.		
HE DISEASE OR CONDITION CAUSING	IT.						
19A. DATE OF OPERATION 19B. CONI		VHICH OPERATION			OB. IF YES, WERE FIN		
21A, EXTERNAL CAUSE WAS	210		Yes	5			ies
UNDERLYING OR CONTRIB-	home, etc.)	PLACE OF INJURY (e.g., form, factory, street, o	ffice bldg., INJURY	OCCUR?	f in Boltimore City, give	ve exoct location	1)
21D TIME (Month) (Doy) (Year)	(Hour) 21	IE. INJURY OCCURRED	21 F. HO	W DID INJU	RY OCCUR?		
OF INJURY (APPROX.)	W	HILE AT NOT	WHILE				
22.				Al	1 1 1 1 1		
I certify that I held on In					bosis, death in m		
resulted from: Notural cau	ses X A	ccident Suicide			ndetermined monne	er []	
ACTUAL O		//-		DICAL EXA		DA	TE SIGNED
SIGNATURE	eille d	elly M.D.	ASSISTANT ME			12/2	2/66
EXAMINER'S Charle	s S. Pe	ttg	ASSOCIATE ME	DICAL EX	AMINER	12/-	-, 00
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	230	O. NAME OF CEMETERY O	CREMATORY	23 <b>D.</b> LO	CATION (City,	town, or county)	(Stote)
Burial 12/7/	/66 T	Baltimore N	ational	R	altimore,	Md.	
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA		WT OTHIOT O	ADDRE	ESS
DEC 7 1966	Robert	E. FarleyAN	JOHN :	F. DEN	NY, INC.	715 Lig	ght St.
VS 151-REV. 1/1/65	, ,		E 640				

Er Sa the Table of the last A STANSON OF THE STAN to all alleged in 19 house. Carlotte and the and the contract of the contract of the

shows:

19 that (I) (we) last saw the deceased alive an.... and that in(my) (aur) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23B, DATE SIGNED Attending Med. Stoff 23C. WYSICIAN'S 23D. ADDRESS Joseph Berman BCH-4940 Eastern Avenue -Baltimore, Md. 21224 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 12/10/66 Cedar Hill Cem A A Co 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS McCully F H 237 Patapsco Ave VS 150-REV, 1/1/65



00 12206 BALT	TIMORE CITY HEALTH DEPARTMENT
BIATH NO.	RTIFICATE OF DEATH Registered No. 66 12206
M.E. CASE NO.  1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) . HELINSKI, CONSTA	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	A, STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	MARYLAND 21224 /3 No. Co
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
In ST. AGNES HOSPITAL	D. STREET ADDRESS (If rural, give location)
CATON & WILKENS AVE. BALTO.	MD 21200
	7011 BELMONT AVE.
5. SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCEI	
FEMALE   WHITE   WIDOWED	2-17-94 72
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS (done during most of working lite, even if relired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	PENNSYLVANIA UMS.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AUDDEN	
ANDREW STAHOWIAK	FRANCES JAJMAK
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURI	
UNKNOWN 212-	01-9401D CATON & WILKENS AVE. 21229
18. 199 9 1	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	(A) METASTATIC CA TO LUNGS
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AND RIBS - PRIMARY UNKNOWN -
injury or complication which caused death.)	AND RIOS - PRIMARY UNKNOWN -
ANTECEDENT CAUSES	OUE TO
DISEASES OR CONDITIONS, if ony, giving	DOE 10
rise to the above cause (A) stating the	(C)
UNDERLYING CONDITION last.	
Z II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER	100 A
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED	NO NO
OR CONTRIBUTING CAUSE OF home, form, foct	INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) tory, street, office bldg., INJURY OCCUR?
OF INJURY	CCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At	Not While At Work
22. I certify that (I) (this hospital) attended the decease	
22. I certify that (I) (this hospital) offended the decease	ed from 12=1 19 00 to 12=4 19 00
above (IV / vi) have set all the set all the	12-1
that (I) (we) lost sow the deceased alive on	12-4 19 66 ond that in(my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did	(did not) view the body ofter deoth.
	(did not) view the body ofter deoth.
and hour and from the couses stated above. (1) (We) (did	(did not) view the body ofter deoth.
ond hour ond from the couses stoted obove. (I) (We) (did	(did not) view the body ofter deoth.
ond hour ond from the couses stoted obove. (I) (We) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	M.D. Attending Med. Stoff Phys. 12-4-66
ond hour ond from the couses stoted obove. (I) (We) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) JUAN J. CABRERA  24A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEN	M.D. Attending Med. Director Phys. 12-4-66  23B. DATE SIGNED 12-4-66  23D. ADDRESS  ST. AGNES HOSPITAL
ond hour ond from the couses stoted obove. (I) (We) (did 23A. SIGNATURE CABRERA 23C.PHYSICIAN'S NAME (Type) JUAN J. CABRERA TUAN T. CABRERA	M.D. Attending Med. Stoff Phys. 12-4-66
ond hour ond from the couses stoted obove. (I) (We) (did 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEN REMOVAL (Specify)  Burial 12/7/66 Oak J	(did not) view the body ofter deoth.    Attending   Med. Director   Phys.   12-4-66     23D. ADDRESS   12-4-66     ACTION   City, town, or county   Carrell     Carrell   Balton   Med.   City, town, or county     Carrell   Ca
ond hour ond from the couses stoted obove. (I) (We) (did 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEN REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	(did not) view the body ofter deoth.    Attending   Med. Director   Phys.   12-4-66
ond hour ond from the couses stoted obove. (I) (We) (did 23A, SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEN REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	(did not) view the body ofter deoth.    Attending   Med. Director   Phys.   12-4-66     23D. ADDRESS   12-4-66     ACTION   City, town, or county   Carrell     Carrell   Balton   Med.   City, town, or county     Carrell   Ca

----

30Y F S 8 V

and the second s

. . 200

THE STATE OF THE S

METALTHER CA TEXANDER

66 12207

IMPORTANT FUNERAL DIRECTOR:

RGB

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) Il Under 24 Hrs. Hours Min. If Under 1 Yr. II Ung Months: Days Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Records- US PHS Hospital, Balto, Md. ONSET AND DEATH l wk. Jess than 1 vr 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date 23B. DATE SIGNED 12/6/66 (City, town, or county) 1217 St. ParissStreet Wm. Cook-Brooks, Inc. Baltimore 2, Maryland VS 150-REV. 1/1765

BALTIMORE CITY HEALTH DEPARTMENT

Bel. 5-3930

January 6, 1967 Let Jother Liney 7.

Bureau of Vital Statistics Baltimore City Department of Health Baltimore, Maryland

Sirs:

Reference is made to the death certificate issued to your office in the case of Frank Glen Jolley who died in the U.S. Public Health Service Hospital, Baltimore 11, Maryland, on December 5, 1966. We wish to advise you that we have revised our records to read:

Immediate cause of death: Bilateral bronchopneumonia

B: Carcinoma left lung with cerebral & widespread metastases.

By direction of the Medical Officer In Charge.

Very truly yours,

Samuel C. H. Lee, Sa. Surgeon Assistant Chief of Pathology

SCHL/gv

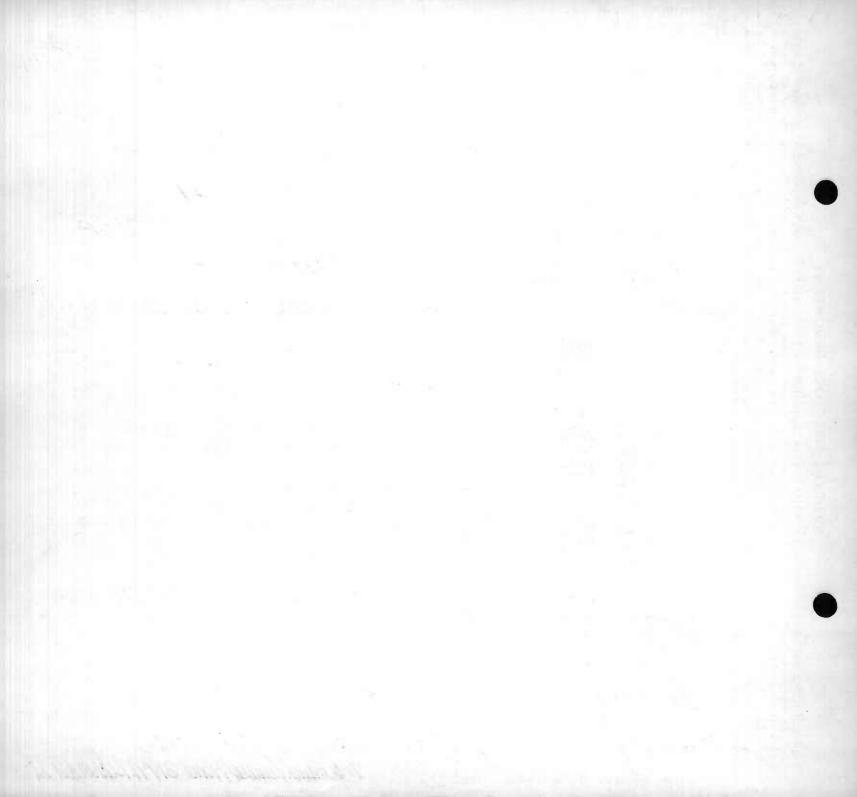
FUNERAL DIRECTOR: IMPORTANT

	ME OF DECE	ASED				2. DATE A	NO HOUR OF DEAT	H
(Туре	or Print)	Mary Bel	le Hess				12/6/	66
3. PL	ACE OF DEA	TH IN BALTIMORE,	MARYLAND					institution: residence befo
HC	ILL NAME OF	(If not in hosp oddress or loa	oitol ar instituti cotion)	ion, give street	Mary			Balls.  Te RURAL ond give towns
					Cock	evsville	2	53-
9	Long G	reen Nursi	ng Home		D. STREET A		rural, give facation)	
10	/				Non	ie		
5. SE)	X	6. RACE	7. MARR	WED, DIVORCED (specily)	B. DATE OF	BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. II
Fe	male	White		er Married	Feb. 1	5, 1873	93	
10A. L	JSUAL OCCU	PATION (Give kind of	work 10 B. KIND	OF BUSINESS OR INDUSTR	RY 11. BIRTHPLA	CE (State or lore	eign country)	12, CITIZEN OF
	The second	vorking lite, even if retir	Wome	0,000	2			
M	illiner	I.E	MOME	NS CLOTHING	Pennsy	lvania S MAIDEN NA	MF	U.S.A.
	STILL S INAIV				14. MOTHER	WAIDER NA	(V)	
	F	lenry Hess				zabeth	Leister	
5. W	os Deceased	lenry Hess Ever in U. S. Armed (If yes, give wor or	doles of same	1 6. SOCIAL SECURITY NO.	17. INFORMA			ADDRESS
		, cs, g. te wo. o.	23.00 01 36141			1 01	10 10 11	
111	No B.			216-56-3419	OF DEATH?	d Shank	12 Matthe	ews Ave Cocke
1	70		DIRECT! "	CAUSE	2 -11	/	)	ONSET AND
		E OR CONDITION LEADING TO DEA			12/000	osch		
		PEUDINO IO DE		(A)	mure	oscil	roseo	
1	This does no	al mean the mode	of dying	O.C. DUE TO				
h	neort foilure,	ol mean the mode asthenia, etc. It me	ons the dise					
h	neort foilure,		ons the dise					
h	neort foiluie, njury ar cam	asthenia, etc. It me	eons the dise				***************************************	
i	neort foiluie, njury ar cam A DISEASES O	asthenia, etc. It me plication which cou INTECEDENT CAU R CONDITIONS,	eons the disersed death.) ISES  if any, giv	ose,  (B)  DUE TO				
i i	neort foilure, njury ar cam  A  DISEASES O  ise to the	asthenia, etc. It me plication which cou INTECEDENT CAU R CONDITIONS, above couse	eons the disersed death.) USES  if any, giv (A) stating	ose,  (B)  DUE TO				
i i	neort foilure, njury ar cam  A  DISEASES O  ise to the	asthenia, etc. It me plication which cou NTECEDENT CAU R CONDITIONS, above couse CONDITION lost.	eons the disersed death.) USES  if any, giv (A) stating	ose,  (B)  DUE TO				
	neort foiluie, njury ar cam  A  DISEASES O  ise to the UNDERLYING  OTHER SIGNII	asthenia, etc. It me plication which cou INTECEDENT CAU R CONDITIONS, above couse	if any, given the diservation of the death.)  SES  if any, given the diservation of the death of	(B)				
ATION	neort foilure, njury ar cam  A  DISEASES O ise to the UNDERLYING  OTHER SIGNII TO THE DI DISEASE OR	asthenia, etc. It me plication which cou NTECEDENT CAU R CONDITIONS, above couse CONDITION lost.	if any, giv (A) stating  SE CONTRIBU  RELATED TO NG IT.  CONDITION F	(B)			ol 208. IF YES, WER	RE FINDINGS CONSIDERE
ATION	neort foilure, njury ar cam  A  DISEASES O ise to the UNDERLYING  OTHER SIGNII TO THE DI DISEASE OR	asthenia, etc. It me plication which cou NTECEDENT CAU R CONDITIONS, above couse CONDITION lost.	eons the disersed death.)  ISES  if any, giv  (A) stating  IS CONTRIBU  RELATED TO	ving TING			ol 208. IF YES, WER	
ERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	asthenia, etc. It me plication which countries and the countries of the co	if any, given the disertion of the state of	Ving The (C) THE OR WHICH OPERATION	20 A. AUTO	DP\$Y? (Yes or N	o) 20B. IF YES, WER IN CERTIFYING (	RE FINDINGS CONSIDERE
AL CERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	asthenia, etc. It me plication which cou NTECEDENT CAU R CONDITIONS, above couse CONDITION lost.	if any, given the disertion of the state of	ving TING	20 A. AUTO	DP\$Y? (Yes or N	o) 20B. IF YES, WER IN CERTIFYING (	RE FINDINGS CONSIDERE CAUSES OF DEATH?
CAL CERTIFICATION	DISEASES OF THE RESIDENCE OF THE RESIDENCE OF THE DESTRUCTION OF THE D	ashenia, etc. It me plication which countries and the countries of the cou	if any, giv (A) stating  ISES  If any, giv (A) stating  ISES  ISES	OSE,  (B)  DUE TO  Ving  The (C)  UTING  THE  OR WHICH OPERATION  218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20 A. AUTO	DPSY? (Yes of N . WHERE DID URY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING (	RE FINDINGS CONSIDERE CAUSES OF DEATH?
AEDICAL CERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	ashenia, etc. It me plication which countries to the countries of the coun	if any, giv (A) stating  ISES  If any, giv (A) stating  ISES  ISES	OSE,  (B)  DUE TO  Ving  The  (C)  ITING  THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED	20 A. AUTO	DP\$Y? (Yes or N	O) 20B. IF YES, WER IN CERTIFYING (	RE FINDINGS CONSIDERE CAUSES OF DEATH?
AEDICAL CERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	ashenia, etc. It me plication which countries and the countries of the cou	if any, giv (A) stating  ISES  If any, giv (A) stating  ISES  ISES	OSE,  (B)  DUE TO  Ving  The (C)  UTING  THE  OR WHICH OPERATION  218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20 A. AUTO	DPSY? (Yes of N . WHERE DID URY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING (	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF TH	ashenia, etc. It me plication which countries and the countries are conditions, above couse condition lost.  FICANT CONDITION IOST.  FICANT CONDITION AUSTINATION CAUSINO PRATION 198. WAS	if any, giv (A) stating  SE CONTRIBU RELATED TO NG IT. CONDITION F. PERFORMED	ITING THE  CR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E, INJURY OCCURRED  While At No! WI Work  No! WI	20 A. AUTO	DPSY? (Yes of N . WHERE DID URY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING (	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF SIGNIFICATION OF THE PROPERTY OF THE DISEASE OR SPANDATE OF THE SPANDA	ashenia, etc. It me plication which countries and the plication which countries above cause CONDITION lost.  FICANT CONDITION LOST NOT CONDITION CAUSIN OPERATION 198. WAS UNDERLYINTING CAUSE OF medical examiner)  (Month) (Doy) (Yesthot (I) (this hospitalism which is the plication of the plicati	eons the disersed death.)  ISES  if any, giv (A) stating  IS CONTRIBU RELATED TO NG IT.  CONDITION F PERFORMED  IG   eon) (Hour)	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At	in or obout 21C office bldg., INJ	OPSY? (Yes of N. WHERE DID URY OCCUR? HOW DID IN	OI 20B. IF YES, WER IN CERTIFYING (II in Bolfin	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE DISEASE OR THE DISEA	ashenia, etc. It me plication which countries and the plication which countries are considered by the plication of the plicat	if any, given the diservation of	Ving Ihe  (C)  VING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Work  work Not Work  ad the deceosed from on Not Willender on Not Work	20 A. AUTO	DPSY? (Yes of N.  WHERE DID URY OCCUR?  HOW DID IN	OI 20B. IF YES, WER IN CERTIFYING ( (II in Boltim  JURY OCCUR?	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	ashenia, etc. It me plication which countries and the plication which countries are considered as a condition of the plication of the plicatio	if any, given the diservation of	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At	20 A. AUTO	DPSY? (Yes of N.  WHERE DID URY OCCUR?  HOW DID IN	OI 20B. IF YES, WER IN CERTIFYING ( (II in Boltim  JURY OCCUR?	RE FINDINGS CONSIDERE CAUSES OF DEATH?  noile City, give exact loco
MEDICAL CERTIFICATION  O 14  O 02  O 02  O 02  O 03  O 04  O 04  O 05  O	DISEASES OF THE DISEASE OR THE DISEA	ashenia, etc. It me plication which countries and the plication which countries are considered as a condition of the plication of the plicatio	if any, given the diservation of	OSE,  (B) DUE TO  VING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Noi Will Will At Work  ed the deceosed from on	20 A. AUTO 20 A. AUTO office bldg., INJ 21 F. hile office bldg., INJ 21 F. hile office bldg., INJ	DPSY? (Yes of N. WHERE DID URY OCCUR?  HOW DID IN  (2. and t)	OI 20B. IF YES, WER IN CERTIFYING (III in Boltim	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATION  O 14 S O O O O O O O O O O O O O O O O O O	DISEASES OF THE DISEASE OF THE DISEA	ashenia, etc. It me plication which countries and the plication which countries are considered as a condition of the plication of the plicatio	if any, given the diservation of	ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Work  ed the deceosed from on	20 A. AUTO	DPSY? (Yes of N.  WHERE DID URY OCCUR?  HOW DID IN	OI 20B. IF YES, WER IN CERTIFYING ( (II in Boltim  JURY OCCUR?	RE FINDINGS CONSIDERE CAUSES OF DEATH?  noile City, give exact loco
MEDICAL CERTIFICATION  ACTION  MEDICAL CERTIFICATION  THE PROPERTY OF THE PROP	DISEASES OF THE DISEASE OF THE DISEA	ashenia, etc. It me plication which countries to the plication which countries to the plication which countries to the plication of the plicat	if any, given the diservation of	ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Work  ed the deceosed from on	20 A. AUTO  in or obout 21 C office bldg., INJ  21 F, hile  view the bod	DPSY? (Yes of N. WHERE DID URY OCCUR?  HOW DID IN  and the control of the control	OI 20B. IF YES, WER IN CERTIFYING (II In Boltim	RE FINDINGS CONSIDERE CAUSES OF DEATH?  noile City, give exact loco
MEDICAL CERTIFICATION  THE STATE OF THE STAT	DISEASES OF THE DISEASE OR THE DISEA	ashenia, etc. It me plication which countries the plication which countries the plication which countries the plication of th	if any, giv (A) stating  ISS CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  IG (Hour)  Stated above	OSE,  (B) DUE TO  VING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Work  Not Work  At Work  At Work  On M.D. A	20 A. AUTO office bldg., INJ 21 F. hile view the bod ttending hys. 23 D. ADDRESS	DPSY? (Yes of No. WHERE DID URY OCCUR?  HOW DID IN Common and file of the death.  Med. Director	Ol 20B. IF YES, WER IN CERTIFYING (  (If in Boltim  JURY OCCUR?  19 6 ta  not in (my) () o	RE FINDINGS CONSIDERE CAUSES OF DEATH?  Depinion death occurred  23 B. DATE SIGNED
MEDICAL CERTIFICATION  ACCOUNTS  ACC	DISEASES OF THE DISEASE OF THE DISEA	ashenia, etc. It meplication which countries the policition which countries the policition of the poli	ensed death.)  ISES  if any, giv (A) stating  IS CONTRIBU  RELATED TO NG IT.  CONDITION F. PERFORMED  ital) ottende  essed alive  stoted above	OSE,  (B) DUE TO  VING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Not	20 A. AUTO  in or obout 21 C  office bldg., INJ  21 F.  hile  view the body  thending  23 D. ADDRESS  5 006	DPSY? (Yes of N. WHERE DID URY OCCUR?  HOW DID IN  Co. and the open of the death.  Med. Director   Roland	OI 20B. IF YES, WER IN CERTIFYING (  (II in Boltim  JURY OCCUR?  19 6 4 10 10 10 10 10 10 10 10 10 10 10 10 10	RE FINDINGS CONSIDERE CAUSES OF DEATH?  Population death occurred to the constant of the course of t
MEDICAL CERTIFICATION  THE STATE OF THE STAT	DISEASES OF THE DISEASE OR THE DISEA	ashenia, etc. It me plication which countries in the countries of the coun	ensed death.)  ISES  if any, giv (A) stating  IS CONTRIBU  RELATED TO NG IT.  CONDITION F. PERFORMED  ital) ottende  essed alive  stoted above	OSE,  (B) DUE TO  VING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Work  Not Work  At Work  At Work  On M.D. A	20 A. AUTO  in or obout 21 C  office bldg., INJ  21 F.  hile  view the body  thending  23 D. ADDRESS  5 006	DPSY? (Yes of N. WHERE DID URY OCCUR?  HOW DID IN  Co. and the open of the death.  Med. Director   Roland	OI 20B. IF YES, WER IN CERTIFYING (  (II in Boltim  JURY OCCUR?  19 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	RE FINDINGS CONSIDERE CAUSES OF DEATH?  Depinion death occurred  23 B. DATE SIGNED
MEDICAL CERTIFICATION  THE STATE OF THE STAT	DISEASES OF THE PROPERTY OF TH	ashenia, etc. It me plication which countries in the countries of the coun	ensed death.)  ISES  if any, giv (A) stating  IS CONTRIBU RELATED TO NG IT.  CONDITION F PERFORMED  ital) ottender cosed alive stoted abov  elffic  240	OSE,  (B) DUE TO  VING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Not	20 A. AUTO office bldg., INJ 21 F. hile 21 F. view the body ttending 23 D. ADDRESS 5 0.06 REMATORY	DPSY? (Yes of No. WHERE DID URY OCCUR?  HOW DID IN and fly ofter death.  Med. Director   Roland	OI 20B. IF YES, WER IN CERTIFYING (  (II in Boltim  JURY OCCUR?  19 6 4 10 10 10 10 10 10 10 10 10 10 10 10 10	RE FINDINGS CONSIDERE CAUSES OF DEATH?  Population of the contract of the cont

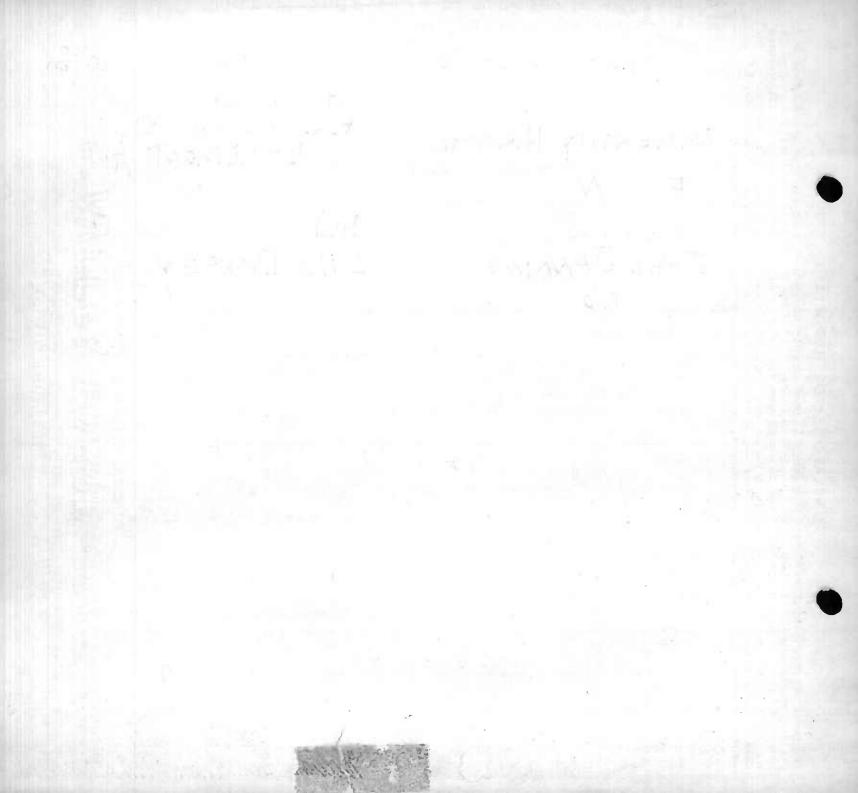
Harghand Elkton E18704 Viene Pramarial Herpital 307 Londing Lang 13/05/20 65 Male Government Maccond Manyland USA Retired Rochel Heath John Clay Elmour Chy Elkforth ASCUD Rost Rosertian Aporta Hierogen Call 11/20166 Abdom Hota hongen NO 0 11/2/20/26 X 11/266 CIALSH. CLASSE, J.

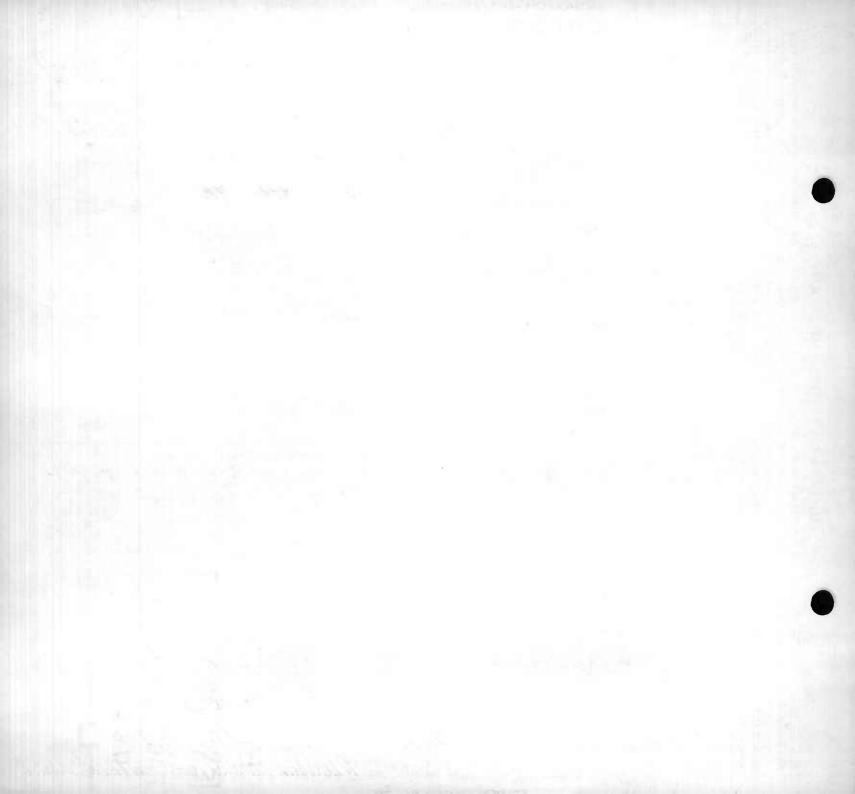
IMPORTANT FUNERAL DIRECTOR:

00 400:	BALTIMORE CITY	HEALTH DEPARTMENT		66 12210
BIRTH NO. 66 12210	CERTIFICA	TE OF DEATH	Registered Na	
M.E. CASE NO.  1, NAME OF DECEASED	OEKTII TOX		HOUR OF DEATH	
(Type or Print) 17 AZELLAKI	Bumper	RS /2/	3/66	11:15 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4	4. USUAL RESIDENCE (Where A. STATE B. COUNT		tution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give	e eteat	Mil		
HOSPITAL OR address ar lacotian)	e sileet	C. CLEY OR TOWN (If outs	ide city limits, write RUI	RAL and give township)
7		03altimo	RK	70-05
281 - /	1 + .	D. STREET ADDRESS (If ru	rol, give locotian)	
UNIVERSITY M	OSPI) AL	2846 Mul	berry S	7
	DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
F IV Sep	BRATER	8/14/25	41	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND of E	SUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Kitchen Wime Kep		n.c		USA.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	E	
March titted	/	11241	R. L. D	
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	SAKER	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	T. INFORMANT	-11 11	1AVE
10	238-36-2835	Ligorger	Ttrell 1	6882084/eV
18.5 91X 1	CAUSE OF	DEATH V	7	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Λ	1		Strain Strain
LEADING TO DEATH	(A) M	nyloiposi;	S	8
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
injury at camplication which caused death.)	1/	ephrotic So	mileme	
ANTECEDENT CAUSES	DUE TO	A TITO ITE D	marcome	
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	HICH OPERATION	20A. AUTOPSY? (Yes at No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WI		·1 es	IN CERTIFYING CAUS	ES OF DEATH!
U 21 A. A C CIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exoct location)
▼ DEATH (notify medical examiner) etc.)	Tomi, lociory, sireet, or	ice side, injust occor.		
0 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, I	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)  While				
Work	At Work	1/1/	121	2//
22. I certify that (I) (this haspital) attended the	12/2//	11/3/6 4 19	ta / 7	5/60 19
that (I) (we) last saw the deceased alive an	12/3/66	19 and tha		an death accurred an the date
and haur and fram the causes stated above. (1)	(We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE			2	B. DATE SIGNED
Main VISALAM	M.D. Atte	nding Med. S	toff Phy s.	143/66
23C. PHYSICIAN'S		3D. ADDRESS	2 /	
BRITHN & Baldwin	) M.D.	Ell Marien	sel 11	milen
	AE of CEMPTERY & CRE	MATORY 248 10	CATION	Mayon, or caunty) (Stote)
REMOVAL (Syrecify)	1/1/20	1.	CATION ON	Mayon, or caunty) (Stote)
Purias /2/7/1/66 4//	- KOUN WOM	Cem. 100	100,7/10	/
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. EUNERAL DIRECTOR	12/	APDRESS IN
DEC 7 1966 1 0 15 8	Jakey M. M.	THE COMMOTUME	WHOME 3/9	YI. SCHROCALL ST
			7	



GRITH NO. 66 12211	BALTIMORE CITY HEALTH DEPARTMENT	66 12211
BIRTH NO.  M.E. CASE NO.	CERTIFICATE OF DEATH	Registered Na.
T. NAME OF DECEASED	2. DATE AN	ID HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE (Whe	re deceosed lived. If institution: residence before admission)
	A. STATE B. COUN	
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location)		tside city limits, write RURAL and give township)
INSTITUTION	BALTIN	NOIPE 21201
UNIVERSITY HOSPI	D. STREET ADDRESS (III	rural, give lacation)
5. SEX   6. RACE   7. MARRIED,	NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under Yr., If Under 24 Hrs.
5. SEX 6. RACE 7. MARRIED, WIDOWED,		lost birthdoy Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B KIND OF	BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  13. FATHERS NAME  JOHN JEWISS	Mg	W.S.A.
13. PATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
JOHN JENKINS	Ella Do	ORSEV
15. Was Deceased Ever in U. S. Armed Faces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL 17. INFORMANT	ADDRESS
NO (m/65	720-30-0802 Joseph //as	90N 107N. Schroeden ST
5   1B./5 7 × 1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	w (arcinoma of	Pancipal bonoutte
(This does not mean the made of dying, e.g., head failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO	and a surface and a surface of the surface of the surface and the surface and the surface of the
	(B)	
	DUE TO	**************************************
rise la lhe above cause (A) slaling lhe	(C)	
UNDERLYING CONDITION last.    1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION CAUSING IT.		20R IF YES WERE FINDINGS CONSIDERED
WAS PERFORMED	É jampice.	D) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID of form, foctory, street, affice bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)
□ UF INJURY	INJURY OCCURRED  21F. HOW DID INJ	URY OCCUR?
	At Work	11 Dox 3
22. I certify that (1) (this hospital) attended th	7 7	19 65 to 1905
that (1) (we) last saw the deceased alive an		nat In(my) (aur) apinion death accurred an the date
23A, SIGNATURE	(did har) view the bady after death.	23B. DATE SIGNED
	M.D. Attending Med. Director	Stoff Phys 12-3-66
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	11 2 2
G. WINAGGER	M.D. UNIVERSIT	14 MOSP, BALIO 2120
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME CEMETERY OF CREMATORY 24D. L	OCATION (City 1) (An county) (State)
Musice 12/7/1966 71/	Musay Com. 18	Dallo, IM. ADDRESS
23C. PHYSICIAN'S NAMB. (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NA  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME BY	F REGISTRAR 250, SUNDAL DIRECTO	usual House 31091 Jahren der St.
VS 150-REV. 1/1/65	The survey of the	anow than alth warm





VS 151-REV. 1/1/65

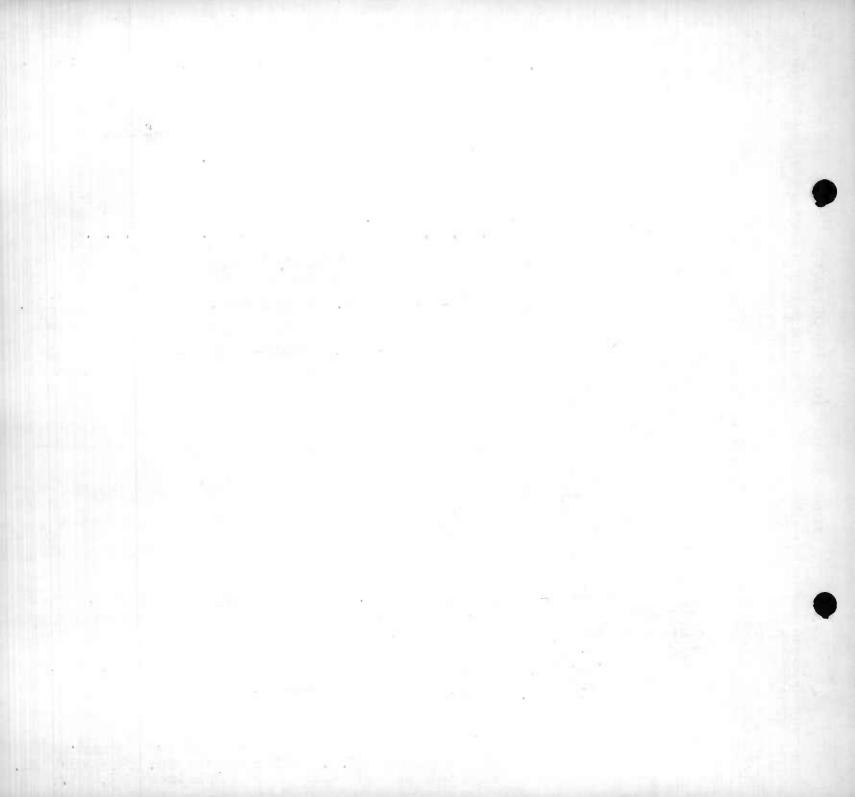
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 12213 BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD ELLWOOD ELEY 12-5-66 10:35 P.M. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE

R. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION INSTITUTION Baltimore JOHNS HOPKINS HOSPITAL - DOA D. STREET ADDRESS (If rurol, give location) 2200 E. Biddle Street 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr, If Under 24 Hrs. Months | Doys | Hours , Min. WIDOWED, DIVORCED (specify) Male Colored 10A. USUAL OCCUPATION ( ) ye kind of work 10B. KIND OF BUSINESS OR INDUS 12. CITIZEN OF done during most of working life every if retired) WHAT COUNTRY? ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL (Yes, no brunknown), (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Massive internal bleeding (A) ME (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of chest involving hear ANTECEDENT CAUSES (B) and lung DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTII 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg, INJURY OCCUR? UTING CAUSE OF DEATH. In front of 2200 E. Biddle Street Street 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Yeor) O CHOO OF INJURY PM WHILE AT NOT WHILE X 12 Shot during altercation I certify that I held an Inquiry Inspection Autopsy X ond that on this bosis, death in my opinion resulted from: Notural causes Suicide Homicide XX Undetermined monner Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S 12-6-66 WERNER U. SPITZ, NAME (Type) 23A, BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (Stote) (City, town, or county) REMQVAL (Specify) Durial 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

IMPORTANT

DIRECTOR:

FUNERAL



VS 151-REV. 1/1/65

	H NO.	MED	ICAL EXA	MINER'S CE	RTIFICAT	E OF D	EATH Registe	ered Na		
1.	NAME OF DE	CEÁSED				2. DATE AND	HOUR PRONOUNC	ED DEAD		
(Ty	pe or Print) JO	SEPH A.	HOGAR	TH		Decembe	r 4, 1966	1	8:50	Р м.
FU HO	ERTI T NAME OF SPITAL OR TITUTION	THOUT IN HOSPIT ADDRESS OR LOCAL	AL OR INSTITUTION	VOED	C. CITY OR TOW	yland	coeosed lived. If inst			
	33	hns Hopkins I	nospical		D. STREET ADDR 905		sson Street			
5. 9	Male	White	7. MARRIED, NEV WIDOWED, DIVO	RCED (specify)	Oct. 9,		9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Unde Doys Hours	24 Hrs. Min.
don	e during most of	UPATION (Give kind of working life, even if refired)  ed Welder  AE	Weldir		Baltimo	ore. Mo			S.A.	
		F. Hogarth			Cather	ine M	Knoll Rach	el Cat	herine	Noel
15.	WAS DECEASE	D EVER IN U.S. ARMED	es of service)	SOCIAL SECURITY NO. 2-10-2077A	17. INFORMANT	Tim	onium,Md.	ADDRESS	ervill ow Bro	e, l
	1B. 21	3 1			OF DEATH	p 11 6 11 0 8	541 011,174		INTERVAL BE	TWEEN
CERTIFICATION	DISEASES RISE TO TH UNDERLYII	not meon the mode of postheric, etc. It meons mplicotion which coused antecepent CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) SNG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE	S ANY, GIVING TATING THE CONTRIBUTING	(B)(C)						
CERTIF	19A. DATE OF	F OPERATION 19B. CON WAS PER	DITION FOR WHI	CH OPERATION	20A. AUTOPSY?	1	OB, IF YES, WERE FI N CERTIFYING CAU			
MEDICAL	UNDERLYING UTING CAU	CAUSE WAS OR CONTRIB- USE OF DEATH.  (Month) (Doy) (Yeo	home, fo	CE OF INJURY (e.g., i mm, foctory, street, o	n or obout 21C. W	HERE DID	f in Boltimore City, g	ive exoct lo	cotion)	
	OF INJURY (APPROX.)		m. WHIL	E AT NOT N	WHILE D					
	and the second	URE VER'S		Suicide	Homicie	de U	AMINER X		DATE SIG	
	MOVAL (Specif	MATION, 238 DATE		AME of CEMETERY o	CREMATORY	23D. LO	CATION (City	, town, or c		Stote)
	Burial	12/9/		oly Redeem			ltimore		Maryla	ind
24/	A. DATE REC'D	BY HEALTH DEPT.	24B. NAME OF	Farkura	H.W. Je		& Sons Co		5 Yorl	Rd.

FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMENT	CC 15040
M.E. CASE NO. 66 1221	6 CERTIFICA	ATE OF DEATH Registered	No. 66 12216
NAME OF DECEASED		2. DATE AND HOUR OF DE	
Type or Print)  John H	• Kratz	Dec.5,1966	10,15A,
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	If institution: residence before admission
FULL NAME OF (If not in hospital	or institution, give street	Maryland	
HOSPITAL OR oddress or locotion	n)	C. CITY OR TOWN (If outside city limits,	write RURAC and give township)
12 E. I	ake Ave.	Baltimore D. STREET ADDRESS (If rurol, give locotion	100
00		12 E. Lake Ave.	*
SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M W	WIDOWED, DIVORCED (specify)	11-29-1905   lost birthdoy)	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTR	11-29-1905 61 (Y 1). BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Mfg.	Maryland	USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frederick Kratz		Emma Schwinger	
. Was Deceased Ever in U. S. Armed For	ces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or date	s of service) 185-03-64	28 Wilbur Kratz	Above
18.71 2 2 1 1	CAUSE	OF DEATH	INTERVAL SETWEEN
DISEASE OR CONDITION DIE	RECTLY	1 7 01. h	ONSET AND DEATH
LEADING TO DEATH	(a) ari	terrioselevolic C. V. Deser	w 8Vrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if sise to the obove cause (A) UNDERLYING CONDITION last.	any, giving		
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE		
19A. DATE OF OPERATION 19B. CON WAS PER	FORMED	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID IIf in 80 office bldg., INJURY OCCUR?	ltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not What Work At Work		
22. I certify that (I) (this hospital	) attended the deceased from	19 58 10	12/5 1966
that (1) (we) lost saw the decease	12/1-	19 66 ond that in(my) (our	
and hour and from the causes state			
23A. SIGNATURE	0	view the body offer deomi	23 B. DATE SIGNED
Beuramin 14		ttending Med. Stoff Phys.	116/66
23C. PHYSICAN'S NAME (Type) Benjamin	Highstein M.C	23D. ADDRESS	e.,Balto.,Md.
AA. BURIAL CREMATION, 24B. DATE			
DEAAOMAL (Consider)			
REMOVAL (Specify)	24C. NAME of CEMETERY OF C		(City, town, or county) (Stote)
Burial 12-8-6		Baltimor	

anteriordistic (Noticia)

120 25 12 1/13

rolle to

Beagaini Hylezi

BIRT	H NO.	MEDI	CALEX	CAMINER 5 CI	EKTIFICAT	E OF L	JEA IH Register	red Na		
M.I	CASE NO.									
1. f	NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD		
,,		JOSEPH		SEFCOVIC		Decen	ber 5, 1966	9:	55 A M.	
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDE	NCE (Where	deceased lived. If insti		pefare admission	
FUI	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION CIVE STREET	Mar	yland				
HO	SPITAL OR	ADDRESS OR LOCA	TION)	THOIR, OIVE SIREET	C. CITY OR TOW	N (If autside	corporate limits, write	IRAL and give	tel aship)	
		Couth Dwood				timore		3-01	and the	
	AA	South Broad	way		D. STREET ADDR		- 1 - A .		1	
	161				6 S	outh Br	oadway Apt	5		
5. S	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Doys		
	Male	White		er married	5/21/0		63			
		JPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY				12. CITIZEN OF	NTDY?	
uuiii	Tar Ro				Schenec	Leve Far	New York	U.S.A.		
	ATHER'S NAM		7/3-1015		14. MOTHER'S MA	AIDEN NAME				
10	senh S	efcovic			Anna	Ralbor	/SKl			
15. V	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	69	W. W. II	s of service	212 03 1372	Mrs. F	lose Ri	ubis 143 1.	ehrhoff	Rd.	
-	1B. 44.	13 1			OF DEATH	200		The state of the s	VAL BETWEEN	
	/ 90	or) / 1			01 00				T AND DEATH	
	DISEA	SE OR CONDITION DIE LEADING TO DEATH		Arterio	osclerotic	Cardio	vascular Di	20220		
	(This does n	not mean the made of asthenia, etc. It means	dying, e.g.,	DUE TO	DOCTOLOCIO	OGIGIC	Vagearar Dr	30430	***************	
	injury ar cor	mplication which caused	deoth.)							
	A	NTECENDENT CAUSE	s							
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B). DUE TO					*********************	
		E ABOVE CAUSE (A) ST	ATING THE					F23		
Z				(C)		• • • • • • • • • • • • • • • • • • • •			*****************	
E	14 4 4	11								
CA	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL	CONTRIBUTION	NG HE						
H	DISEASE O	R CONDITION CAUSING	IT.	*************************						
CERTIFICATION	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A, AUTOPSY? (Yes at No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	OLA EVTERNIA	CALLER WAS			No					
CA	UNDERLYING	L CAUSE WAS OR CONTRIB-	hame	PLACE OF INJURY (e.g., i , farm, factory, street, o			If in Boltimore City, giv	re exoct location)		
MEDIC	UTING LCAU	SE OF DEATH.	etc.)							
	21D TIME	(Month) (Doy) (Year	(Hour) 2	18. INJURY OCCURRED	21 F. HO	W DID INJU	RY OCCUR?	_12.12.1		
	(APPROX.)		w V	VHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE					
	22.									
		tify that I held an I		Inspection X Aut	apsy 🔲 and	that on thi	s basis, death In m	y apinlan		
	resul	ted from: Natural cas	ses X A	ccident Suicide	Hamicid	le U	ndetermined manne	ir 🗌		
24		1/1/	· P	- ()	CHIEF ME	DICAL EX	AMINER	DAT	E SIGNED	
	SIGNAT		usu	Alrix M.D.	ASSISTANT ME	DICAL EX	AMINER X	DAI	E STORED	
П	EXAMIN	ER'S		7	ASSOCIATE ME	EDICAL EX	AMINER		1-100	
	NAME (			tenecker, M.D.				12	2/5/66	
	BURIAL CREATION AOVAL (Specify		230	C. NAME of CEMETERY o	CREMATORY	23 D. LC	CATION (City,	town, ar caunty)	(State)	
	Burial	12/7/6	6 T	oudon Natio	nal Cem.	D.	Itimore.	Na		
24A		BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR	2	ADDRES	S	
		DEC 7 1966	120 8	E Falman	fore	1h 11	Laureno	41		
	1	HE'C . 1900	Novel	J. C. A. C. G. C. C. C.	- Joyser	h. N.	Annino 2	6/ L. C	onklin'	
VS	151-REV. 1/1/	65			1	6.3				

Such

IRTH NO.			ALTIMORE CITY H			Park 1 1 1 1
LE CACE NO	66 122	118 C	ERTIFICAT	E OF DEATH	Registered No	66 12218
LE CASE NO.	CED				ND HOUR OF DEAT	u
vne or Print)						12:40
PLACE OF DEATH	IN BALTIMORE, MA	ph Alexander		11/2		
TEACE OF DEATH	IN BALIMORE MA	KILAND		A, STATE B. CDUI	NTY	institution: residence before of
FULL NAME OF		or institution, give stree		Maryland	To 10 4	
HOSPITAL OR	oddress or location	n)		C. CITY OR TOWN (If or	utside city limits, write	RUPAL and give township
Veterans A	dministrati	on Hospital		Baltimore		1601
	Raven Boule			D. STREET ADDRESS (If	rurol, give location	
		21 21 8		118 S. Haven	Street	
Baltimore,	RACE	7. MARRIED, NEVER		. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months Doys Hours
6.3	1.D. 2.4	WIDOWED, DIVOR		0/1/00	lost birthdoy)	Months Doys Hours
USUAL OCCUPA	ATION Give kind of work	Widowed	S OR INDUSTRY	1. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF
	king life, even if retired)					WHAT COUNTRY?
Laborer		Unknown		Laurelton, Oh		U.S.A.
FATHER'S NAME			1.	4. MOTHER'S MAIDEN NA	ME	
Jnknown				Unknown		
Wos Deceased Ev	er in U. S. Armed For		tAL 1	7. INFORMANT	2000	Loch Raven Bly
-	yes, give wor or dote		URITY NO.			Tocu waven pro
Yes	7/16/17-12/	6/18 268-1		VA Hospital Re	cords Balt	imore, Md. 2121
1B./	/ 1		CAUSE OF	DEATH		INTERVAL BETW
	OR CONDITION DIR	RECTLY	Danne	harania Camaia		1 100
	ADING TO DEATH meen the mode of	dutas a a		chogenic Carcin	Toma	6 mo
heort foilure, os	Thenia, etc. It means	the diseose.	DUE TO			
injury or complic						
The second	conon which capaca	deolh.J				
	TECEDENT CAUSES	deolh.I	(B)	60 T T T T T T T T T T T T T T T T T T T	) 178 T T O S O S O S O S O S O S O S O S O S	
AN			(B) DUE TD		) NOTES 00 0 0000 0000 0000 0000 0000 0000 0	*
AN DISEASES OR rise to the	TECEDENT CAUSES  CONDITIONS, if abave couse (A)	ony, giving	(B)			×
AN DISEASES OR rise ta the	CONDITIONS, if	ony, giving				
AN DISEASES OR rise to the UNDERLYING	TECEDENT CAUSES  CONDITIONS, if above couse (A) CONDITION last.	ony, giving stating the				
DISEASES OR rise to the UNDERLYING C	TECEDENT CAUSES  CONDITIONS, if abave couse (A) CONDITION last.	ony, giving slaling the			•	`
DISEASES OR rise to the UNDERLYING O  DTHER SIGNIFIC TO THE DEA DISEASE OR CO	TECEDENT CAUSES  CONDITIONS, if above couse (A) CONDITION last.  II CANT CONDITIONS C TH BUT NOT RELADINGTION CAUSING I	ony, giving slaling lhe CONTRIBUTING STEED TO THE	(C)		•	
DISEASES OR rise to the UNDERLYING O	TECEDENT CAUSES  CONDITIONS, if above couse (A) CONDITION last.  II CANT CONDITIONS C TH BUT NOT RELADINGTION CAUSING I	ONTRIBUTING TO THE TO T	(C)	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR rise to the UNDERLYING OF  DTHER SIGNIFIC TO THE DEA DISEASE OR CO	CONDITIONS, if above couse (A) CONDITION last.  I CONDITION S C TH BUT NOT RELA INDITION CAUSING I PERATION 19B. CON WAS PERF	ONTRIBUTING STED TO THE T. DITION FOR WHICH C	(C)	NO	IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR rise to the UNDERLYING O  THE SIGNIFIC TO THE DEA DISEASE OR CO  19A. DATE OF OI  21A. ACCIDENT OR CONTRIBUTION	CONDITIONS, if abave couse (A) CONDITION last.  II ANT CONDITION S C TH BUT NDT RELANDITION CAUSING I PERATION 19B. CON WAS PERF	ONTRIBUTING TO THE T.  DITION FOR WHICH C	OPERATION  OF INJURY (e.g., in	***	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR rise to the UNDERLYING OF THE DEADISEASE OR CO	CONDITIONS, if abave couse (A) CONDITION last.  II ANT CONDITION S C TH BUT NDT RELANDITION CAUSING I PERATION 19B. CON WAS PERF	ONTRIBUTING TO THE T.  DITION FOR WHICH C	OPERATION  OF INJURY (e.g., in	NO	IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR rise to the UNDERLYING OUNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO.  21 A. ACCIDENT OR CONTRIBUTING CONTRIBUTION CON	CONDITIONS, if abave couse (A) CONDITION last.  II ANT CONDITION S C TH BUT NDT RELANDITION CAUSING I PERATION 19B. CON WAS PERF	ONTRIBUTING STED TO THE T. DITION FOR WHICH C	OPERATION  OF INJURY (e.g., in foctory, street, office	NO	IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR rise to the UNDERLYING O  DTHER SIGNIFIC TO THE DEA DISEASE OR CO  19A. DATE OF OI  21A. ACCIDENT OR CONTRIBUTIN DEATH (notify me	CONDITIONS, if above couse (A) CONDITION last.  CONDITION last.  CANT CONDITIONS C TH BUT NOT RELADITION CAUSING I PERATION 19B. CON WAS PERF WAS UNDERLYING CAUSE OF edicol exominer)	ONTRIBUTING STED TO THE T. DITION FOR WHICH CONTRIBUTION FOR WHICH C	OPERATION  OF INJURY (e.g., in foctory, street, office)  OCCURRED  Not While	NO or obout 21C. WHERE DID see bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR rise to the UNDERLYING OF TO THE DEAD DISEASE OR CO 19A. DATE OF OIL 21A. ACCIDENT OR CONTRIBUTING CONTRIBUTION CONTRIBUTIO	TECEDENT CAUSES  CONDITIONS, if abave couse (A) CONDITION last.  I ANT CONDITIONS CONDITIONS CONDITION CAUSING I PERATION 198. CON WAS PERFORM CONDITIONS	ONTRIBUTING STATES TO THE T. DITION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION FORMED    218. PLACE (home, form, etc.)  (Hour) 21E. INJURY While At Work	OPERATION  OF INJURY (e.g., in foctory, street, office)  OCCURRED  Not While At Work	NO or obout 21 C. WHERE DID to bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exact locolion)
DISEASES OR rise to the UNDERLYING OF THE DEAD OF THE DEAD DISEASE OR CO 19A. DATE OF OIL TOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING OF TOTAL CONTRIBUTING CAPPROX.)	TECEDENT CAUSES  CONDITIONS, if abave couse (A) CONDITION last.  II  ANT CONDITIONS C TH BUT NDT RELANDITION CAUSING I' PERATION 198. CON WAS PERF  WAS UNDERLYING NG CAUSE OF edicol exominer)  Anonth) (Doy) (Year)	ONTRIBUTING STATE TO THE T. DITION FOR WHICH CONTRIBUTION FOR WHICH	OPERATION  OF INJURY (e.g., in foctory, street, office)  OCCURRED  Not While At Work  assed from	NO or obout 21 C. WHERE DID to bldg., INJURY OCCUR?  21 F. HOW DID IN	JURY OCCUR?	auses of Death?  ore City, give exoct locotion)  ovember 29th 19
DISEASES OR rise to the UNDERLYING OF THE DEAD OF THE DEAD DISEASE OR CO 19A. DATE OF OIL TOR CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAPPROX.)	TECEDENT CAUSES  CONDITIONS, if abave couse (A) CONDITION last.  II  ANT CONDITIONS C TH BUT NDT RELANDITION CAUSING I' PERATION 198. CON WAS PERF  WAS UNDERLYING NG CAUSE OF edicol exominer)  Anonth) (Doy) (Year)	ONTRIBUTING STATE TO THE T. DITION FOR WHICH CONTRIBUTION FOR WHICH	OPERATION  OF INJURY (e.g., in foctory, street, office)  OCCURRED  Not While At Work  assed from	NO or obout 21 C. WHERE DID to bldg., INJURY OCCUR?  21 F. HOW DID IN	JURY OCCUR?	auses of Death?  ore City, give exoct locotion)  ovember 29th 19
DISEASES OR rise to the UNDERLYING OF THE DEADISEASE OR CO 19A. DATE OF OIL OR CONTRIBUTING OF THE DEADISEASE OR CO 19A. DATE OF THE OF	TECEDENT CAUSES  CONDITIONS, if above couse (A) CONDITION last.  I CONDITION SC TH BUT NOT RELA INDITION CAUSING I' PERATION 19B. CON WAS PERF  WAS UNDERLYING CAUSE OF edicol exominer)  Anoth) (Doy) (Yeor)  Oth) (this hospitols st sow the decease	ONTRIBUTING STED TO THE T.  DITION FOR WHICH C FORMED  218 PLACE ( home, form, etc.)  (Hour)  21E INJURY  While At Work  () ottended the decerted of olive on	OPERATION  OF INJURY (e.g., in foctory, street, office)  OCCURRED  Not While At Work  assed from Jember 29th	NO or obout 21C. WHERE DID to bldg., INJURY OCCUR?  21F. HOW DID IN une 1st 19 66 ond to	JURY OCCUR?	AUSES OF DEATH?  DIE City, give exact locolion)
DISEASES OR rise to the UNDERLYING OF THE DEATH (Notify me OF INJURY (APPROX.)	TECEDENT CAUSES  CONDITIONS, if above couse (A) CONDITION last.  I CONDITION SC TH BUT NOT RELA INDITION CAUSING I' PERATION 19B. CON WAS PERF  WAS UNDERLYING CAUSE OF edicol exominer)  Anoth) (Doy) (Yeor)  Oth) (this hospitols st sow the decease	ONTRIBUTING STED TO THE T.  DITION FOR WHICH C FORMED  218 PLACE ( home, form, etc.)  (Hour)  21E INJURY  While At Work  () ottended the decerted of olive on	OPERATION  OF INJURY (e.g., in foctory, street, office)  OCCURRED  Not While At Work  assed from Jember 29th	NO or obout 21 C. WHERE DID to bldg., INJURY OCCUR?  21 F. HOW DID IN	JURY OCCUR?	auses of Death?  ore City, give exoct locotion)  ovember 29th 19  pinion death occurred on
DISEASES OR rise to the UNDERLYING OF THE DEADISEASE OR CO 19A. DATE OF OIL OR CONTRIBUTING OF THE DEADISEASE OR CO 19A. DATE OF THE OF	TECEDENT CAUSES  CONDITIONS, if above couse (A) CONDITION last.  I CONDITION SC TH BUT NOT RELA INDITION CAUSING I' PERATION 19B. CON WAS PERF  WAS UNDERLYING CAUSE OF edicol exominer)  Anoth) (Doy) (Yeor)  Oth) (this hospitols st sow the decease	ONTRIBUTING STED TO THE T.  DITION FOR WHICH C FORMED  218 PLACE ( home, form, etc.)  (Hour)  21E INJURY  While At Work  () ottended the decerted of olive on	OCCURRED  Not While At Work  ased from	NO or obout 21C. WHERE DID to bldg., INJURY OCCUR?  21F. HOW DID IN une 1st 19 66 ond to sw the body ofter death.	JURY OCCUR?	ovember 29th 19 pinion death occurred on
DISEASES OR rise to the UNDERLYING OF THE DEADISEASE OR CO 19A. DATE OF OIL 21A. ACCIDENT OR CONTRIBUTING OF THE DEATH (notify me (APPROX.)  22. I certify the thot (N (we) Io ond hour ond fr 23A. SIGNATURE	TECEDENT CAUSES  CONDITIONS, if abave couse (A) CONDITION last.  I CONDITION SC TH BUT NOT RELA INDITION CAUSING I' PERATION 19B. CON WAS PERF  WAS UNDERLYING OF edicol exominer)  Anoth (Doy) (Yeor)  Other of the couses state	ONTRIBUTING STED TO THE T.  DITION FOR WHICH C FORMED  218 PLACE ( home, form, etc.)  (Hour)  21E INJURY  While At Work  () ottended the decerted of olive on	OCCURRED  Not While At Work  ased from	NO or obout 21C. WHERE DID te bidg., INJURY OCCUR?  21F. HOW DID IN  19 66 ond to the body ofter deoth.  Med. Director	JURY OCCUR?	auses of Death?  ore City, give exoct locotion)  ovember 29th 19  pinion death occurred on
DISEASES OR rise to the UNDERLYING OF THE DEADISEASE OR CO 19A. DATE OF OIL DEATH (notify more of injury (APPROX.)  21. Leertify the thot (Notify (we) loond hour ond from the control of	TECEDENT CAUSES  CONDITIONS, if abave couse (A) CONDITION last.  I ANT CONDITIONS C TH BUT NDT RELANDITION CAUSING I PERATION 198. CON WAS PERF WAS UNDERLYING NG CAUSE OF edicol exominer)  Anonth) (Doy) (Year)  Ot (A) (this hospital st sow the deceose com the couses stoten.	ONTRIBUTING STED TO THE T. DITION FOR WHICH CONTRIBUTION (Hour)  21B. PLACE (home, form, etc.)  (Hour)  21E. INJURY While At Work  Ottended the decented of olive on NOV	OCCURRED  Not While At Work  ased from	NO or obout 21C. WHERE DID re bldg., INJURY OCCUR?  21F. HOW DID IN  une 1st  19 66 ond the body offer death.  Med. Director	JURY OCCUR?  19 66 to No hot in (my) (our) of Phys XXX	ovember 29th  pinion death occurred on  238. Date signed  December 1,
AN DISEASES OR rise to the UNDERLYING O  DTHER SIGNIFIC TO THE DEA DISEASE OR CO  19A. DATE OF OI  21A. ACCIDENT OR CONTRIBUTIN DEATH (notify mo 21D. TIME OF INJURY (APPROX.)  22. I certify the thot () (we) Io ond hour ond fr 23A. SIGNATURE	TECEDENT CAUSES  CONDITIONS, if abave couse (A) CONDITION last.  II  ANT CONDITIONS C TH BUT NOT RELANDITION CAUSING I' PERATION 19B. CONWAS PERF  WAS UNDERLYING WAS PERF  WAS UNDERLYING CAUSE OF edicol exominer)  Anonth) (Doy) (Year)  or (1) (this hospital st sow the deceose rom the couses stated	ONTRIBUTING STED TO THE T. DITION FOR WHICH CONTRIBUTION (Hour)  21B. PLACE (home, form, etc.)  (Hour)  21E. INJURY While At Work  Ottended the decented of olive on NOV	OCCURRED  Not While At Work  ased from	NO or obout 21C. WHERE DID to bldg., INJURY OCCUR?  21F. HOW DID IN une 1st 19 66 ond to the body ofter deoth.  Med. Director D. ADDRESS VA HOSP.	IN CERTIFYING C  (If in Boltime  JURY OCCUR?  19 66 to NC  hot in (ny) (our) of  Stoff NXX  ital 3900	ovember 29th 19 pinion deeth occurred on  238. DATE SIGNED  December 1,  Loch Raven Blvo
AN DISEASES OR rise to the UNDERLYING OF THE DEADISEASE OR CO 19A. DATE OF OIL  21A. ACCIDENT OR CONTRIBUTING CONTRIBUTION (APPROX.)  22. I certify the thot () (we) Io ond hour ond fr 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type	TECEDENT CAUSES  CONDITIONS, if above couse (A)  CONDITION last.  II  CANT CONDITIONS C  TH BUT NOT RELA  INDITION CAUSING I'  PERATION 19B. CON  WAS PERF  WAS UNDERLYING CAUSE OF  Edicol exominer)  On (1) (this hospitol  st sow the deceose  com the couses stot  YOUNG E.	ONTRIBUTING STED TO THE T.  DITION FOR WHICH CHORMED  21B. PLACE (home, form, etc.)  (Hour)  21E. INJURY While At Work  Ontended the decended olive on NOVE	OCCURRED  Not While At Work  ased from	NO or obout 21C. WHERE DID to bldg., INJURY OCCUR?  21F. HOW DID IN une 1st  19 66 ond to the body ofter deoth.  D. ADDRESS VA Hosp. Baltimo	IN CERTIFYING C  (If in Boltime  JURY OCCUR?  19 66 to No  hot in (My) (our) of  Stoff XX  ital 3900  re, Marylan	ovember 29th 19 pinion deeth occurred on  238. DATE SIGNED  December 1,  Loch Raven Blvo
DISEASES OR rise to the UNDERLYING OF  THE SIGNIFIC TO THE DEADISEASE OR CO  19A. DATE OF OIL  21A. ACCIDENT OR CONTRIBUTINDEATH (notify me  21D. TIME OF INJURY (APPROX.)  22. I certify the thot () (we) Io ond hour ond fr 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type  A. BURIAL CREMA REMOVAL (Special Control of the contro	TECEDENT CAUSES  CONDITIONS, if above couse (A)  CONDITION last.  II  CANT CONDITIONS CAUSING IT  PERATION 19B. CON WAS PERF  WAS UNDERLYING CAUSE OF edicol exomines)  Anoth) (Doy) (Yeer)  TOUNG E.	ONTRIBUTING STATED TO THE T. DITION FOR WHICH CONTRIBUTION (Hour)  218. PLACE (home, form, etc.)  (Hour)  21E. INJURY While At Work  Ottended the decent of olive on NOV	DPERATION  DF INJURY (e.g., in foctory, street, office of the original office office office original office office original office or	NO or obout 21C. WHERE DID the bidg., INJURY OCCUR?  21F. HOW DID IN  une 1st  19 66 ond to the body ofter deoth.  D. ADDRESS VA HOSP Baltimo	IN CERTIFYING C  (If in Boltime  JURY OCCUR?  19 66 to Nother in (my) (our) of the physical 3900 re, Marylan (control of the physical and physical	ovember 29th printed death occurred on  238. Date signed December 1,  Loch Raven Blvd d 21218  City, town, or county)
DISEASES OR rise to the UNDERLYING OF  TO THE DEA DISEASE OR CO  19A. DATE OF OI  21A. ACCIDENT OR CONTRIBUTING DEATH (notify me DEATH (notify me CAPPROX.)  22. I certify the thot () (we) Io ond hour ond fr 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type	TECEDENT CAUSES  CONDITIONS, if abave couse (A) CONDITION last.  II  CANT CONDITIONS C TH BUT NDT RELANDING CAUSING I PERATION 19B. CON WAS PERF  WAS UNDERLYING NG CAUSE OF edicol exominer)  Anonth) (Doy) (Year)  OT (A) (this hospital st sow the deceose com the couses stated in the couse stated in	ONTRIBUTING STATED TO THE T. DITION FOR WHICH CONTRIBUTION (Hour)  218. PLACE (home, form, etc.)  (Hour)  21E. INJURY While At Work  Ottended the decent of olive on NOV	OPERATION  OF INJURY (e.g., in foctory, street, office of the operation of	NO or obout 21C. WHERE DID the bidg., INJURY OCCUR?  21F. HOW DID IN  une 1st  19 66 ond to the body ofter deoth.  D. ADDRESS VA HOSP Baltimo	IN CERTIFYING C  (If in Boltime  JURY OCCUR?  19 66 to Nother in (m) (our) of  Stoff Phys XX  ital 3900  re, Marylan  LOCATION (  Baltimore,	ovember 29th printed death occurred on  238. Date signed December 1,  Loch Raven Blvd d 21218  City, town, or county)

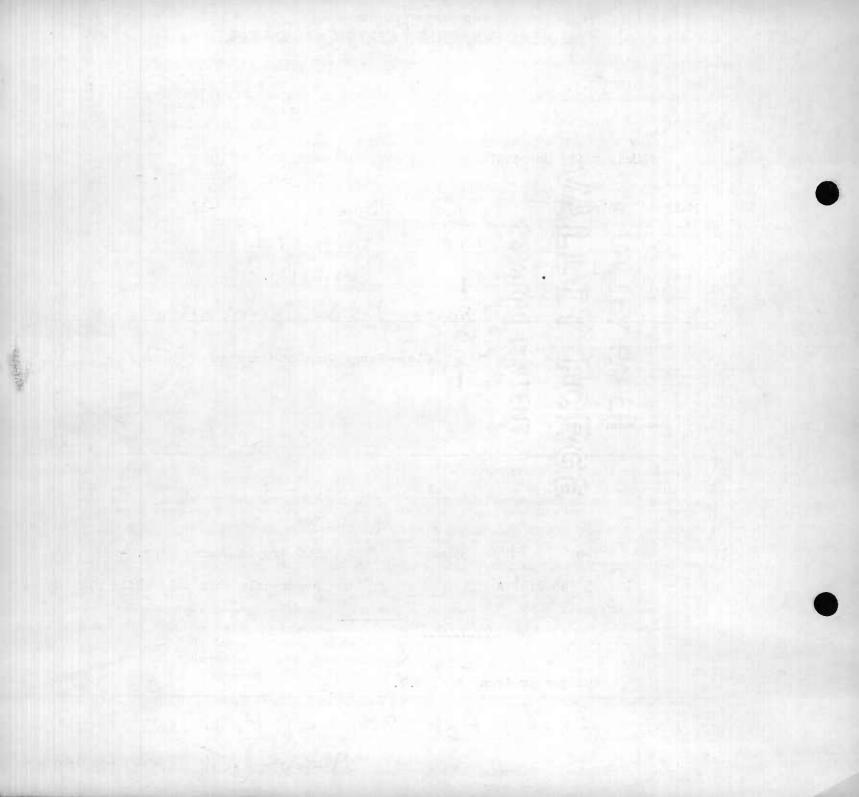
VS 150-REV. 1/1/65

3-1 XIII 1 . 12" Alletta nevas de a 

BIRT	H NO.		MEDICA	L E	CAMINER'S C	ERTIFIC	CATE OF D	EATH Register	ed No	12619
	CASE NO.			- 4 4		- 3 - 1				
1. I (Ty	NAME OF DE		E La LON		Leone LaL	onde)		er 30, 1966	D DEAD	9:55 P M
3. F			LAND, WHERE		JNCED DEAD	4. USUAL			ution: resi	dence before admission)
						A. SIAIE	Maryland	8. 0001	()	Dalto
HO	L NAME OF	ADDRESS	OR LOCATION	R INSTITU	JTION, GIVE STREET	C. CITY O	R TOWN (If outside	corporate limits, write	RURAL	nd give township)
IN 5	TITUTION						Baltimore	- 21222		53 01
	21 c	ity Hosp	ital			D. STREET	ADDRESS (If rurol,		100	
	11 0.	Ley noop	Lear				6545 Balti	more Avenue		
5. 5	EX	6. RACE	7. M	ARRIED.	NEVER MARRIED	B. DATE OF		9. AGE (In years lost birthdoy)		1 Yr, If Under 24 Hrs.
		***			DIVORCED (specify)	Ech (	20 7000		Months	Doys   Hours   Min.
	Female	White		Mar	ried F BUSINESS OR INDUSTR		28,1900	66	12. CITIZ	EN OF
don	e during most of	working life, ever	n if retired)			III. BIKITIFE	ACE (Stole of loreign		WHA	T COUNTRY?
				at .	Home			Italy	1	taly
13.	FATHER'S NA	ME				14. MOTHE	R'S MAIDEN NAME			
				]	Napoli					unknown
			S. ARMED FOR		16. SO CIAL SECURITY NO.	17. INFORM	ANT		ADDRES	5
		, , , , , , , , , , , , , , , , , , ,	wor or doles or	SCIVICCI	32 30 M 11 1101	Mr. A	hert Let	onde - 654	LS De	oltimone Av
-	No			_	CALLS	OF DEATI		onde - oj-	שם כד	INTERVAL BETWEEN
	4	1/1			CAUS	OF DEATH				ONSET AND DEATH
	DISEA	SE OR COND	O DEATH	LY	Amtomi	0001000	tio Condia	manular Di	00000	
	(This does	not meon the	mode of dyin	g, e.g.,	DUE TO	oscierc	oric Cardio	vascular Di	sease	~e
	heart failure	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)								
		ANTECEDENT			(B)	.,		0000× mm000mm00000000000000000000000000		•••••
	RISE TO TH	HE ABOVE CAL	ONS, IF ANY, OUSE (A) STATIN		DUE TO					
	UNDERLYING CONDITION LAST.									
Ó					(0/			000000000000000000000000000000000000000		
ERTIFICATION	OTHER SIC	II SNIFICANT CO	NDITIONS CON	TRIBLITI	NG					
유	TO THE	DEATH BUT	NOT RELATED							
RT		F OPERATION		N FOR	WHICH OPERATION	20A AU	TOPSY? (Yes or No.)	208. IF YES, WERE FIN	DINGS	ONSIDERED
CE	A DAIL O	I OIEKA IIOI	WAS PERFORM		WINCH OFFICE		-	N CERTIFYING CAUS		
	21 A FYTERN	AL CAUSE WA	\$	1010	PLACE OF INJURY (e.g.,		NO WHERE DID (	f in Boltimara City six	o orașt le	nostian)
EDICAL	UNDERLYING	OR CONTRIB		home	e, form, foctory, street,	office bldg., I	NJURY OCCUR?	in sommore city, giv	e exoci ii	) COIIOII/
8	U IING L CA	USE OF DEATH	l•	etc.)						
Σ	21 D TIME OF INJURY	(Month) (D	oy) (Yeor) (H	lour)	TE. INJURY OCCURRED	2	IF. HOW DID INJU	RY OCCUR?		
	(APPROX.)			m 1	WHILE AT NOT	WHILE				
	22.	rtify that I he	ld on Inquir		Inspection X Au		and that on this	s basis, death in m	y opinio	n
	2000	Ited from: N	otyral causes	X	Accident Suicio					
	1030	. 7	A COUSES		O Solett		EF MEDICAL EX		•	
	ACTUA	1 /	1-11	1	7. ()					DATE SIGNED
	SIGNAT		K U	u	M.C		NT MEDICAL EX			
	NAME	(Type) Ru	ıdiger Br		1		TE MEDICAL EX			12/1/66
	OVAL (Speci		B. DATE	23	C. NAME & CEMETERY	or CREMATO	23 D. LC	CATION (City,	town, or	county) (Stote)
1	Buria	1 1	2/5/66		Oak Lawn C	emeter	ry 1	Baltimore,	Mar	yland
24/		BY HEALTH	, -,	NAME	OF REGISTRAR		UNERAL DIRECTOR			ADDRESS
				^ -	2070	I	I Sanden	Sone T-		Dell+- 343
		DEC 7	1966	Or Co	at E. Farkey!	1.8	1. Dallagt.	z bons, In	10.,	Balto., Md.
VS	151-REV. 1/1	/65		- 2		. U	0. 0 0			

And Angelia and the second sec 

	ITCHO MED		AMINER'S C			EATH Registe	00 124		
M.E. CASE NO.	1072								
1. NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD		
	DARRELL		DUNGEE	December 5, 1966 4:00 A M.					
	TIMORE, MARYLAND, V			A. STATE	ryland	dcceosed lived. If ins B. CO	titution: residence before UNTY	odmis sion)	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	THON, GIVE STREET		wn (If outside	corporate limits, writ	e RURAL and give town	nship)	
38	University	Hospital		D. STREET ADD		give locotion)  e Avenue Ap	t 5		
5. SEX Male	6. RACE Colored	WIDO WED, I	NEVER MARRIED DIVORCED(specify)	Sune 2	rh 8, 1963	9. AGE (In years lost birthday) 3-1/2			
	JPATION (Give kind of wo working life, even if retired)		hild	Balto	Stole or foreign	n country)	12. CITIZEN OF WHAT COUNTRY	-	
13. FATHER'S NAM			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14 MOTHER'S A	ALIDEN NAME		4,0,,		
Thomas	is otis 1	1) Ilia	ms	Jean	Dung	gee			
15. WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	16, SO CIAL SECURITY NO.	17. INFORMANT	P CHILL	1	ADDRESS		
A C	(If yes, give wor or do	ies of service	NONE	Miss las	Dun	CMO 185	Bank! 10	o. Ava	
1B.	2 4			OF DEATH	n Dari	10.	INTERVAL	BETWEEN	
DISEA	I CONDITION I	NACTI V					ONSET AN	D DEATH	
	SE OR CONDITION DEAT	Н	(A) Close	Range Gun	shot Woo	und of Abdo	men		
(This does in heart foilure,	not meon the mode of , osthenio, etc. It meon mplication which coused	of dying, e.g., as the disease.	DUE TO					***********	
injury or co	mplication which coused	deoth.)							
DISEASES RISE TO TH	ANTECEDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A)	ANY, GIVING	(B) DUE TO					00000000000000000000000000000000000000	
	NG CONDITION LAST	•	(C)						
2	II								
O THE	NIFICANT CONDITION DEATH BUT NOT R R CONDITION CAUSIN	ELATED TO T							
19A. DATE OF		NDITION FOR V	WHICH OPERATION	20A. AUTOPS		20B. IF YES, WERE FI	INDINGS CONSIDERED		
				Y	es		Ye	S	
O UNDERLYING!	L CAUSE WAS SOR CONTRIB- ISE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, Home	office bldg. INJUR	Y OCCUR?		Apt 5	7-01	
21D TIME	(Month) (Doy) (Ye	or) (Hour) 2	E. INJURY OCCURRED		IOM DID INTO			gun	
(APPROX.)	12 5 '66	2:59 A.	WHILE AT NOT	WHILE X A	pparent:	ly shot sel	f while play	ing with	
22.	tify that I held an	Inquiry [	Inspection Au	topsy X ar	nd that on thi	s bosis, death In	my opinion		
resul	ted fram: Natural c	ouses A	ccident 🗵 Syiçid	le Hamic	ide 🗌 👢	Indetermined mann	ier		
ACTUA SIGNAT		Du T	Lucy Sano	ACCICTANT	MEDICAL EX		DATES	IGNED	
EXAMIN NAME (	ER'S Rudige	r Breite	necker, M.D.	ASSOCIATE	MEDICAL EX	(AMINER	12/5	/66	
23A, BURIAL CRE REMOVAL (Specif		23	C. NAME of CEMETERY	CREMATORY	23D. L	OCATION (City	, town, or county)	(Stote)	
BURIAL 24A. DATE REC'D	_ 12.7-	6 6 24B NAME	A R BUTUS	Mem Pl	RAL DIRECTOR	+ R buTus	ADDRESS	d.	
	EC 7 1966	O les &	E. Farley M. R.	Mor		DueTT	1701 LAUR	ENS	
V\$ 151-REV. 1/1/	65					J			



IMPORTANI

DIRECTOR:

FUNERAL

66 12221 (If autside city limits, write RURAL and give dawnship) If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

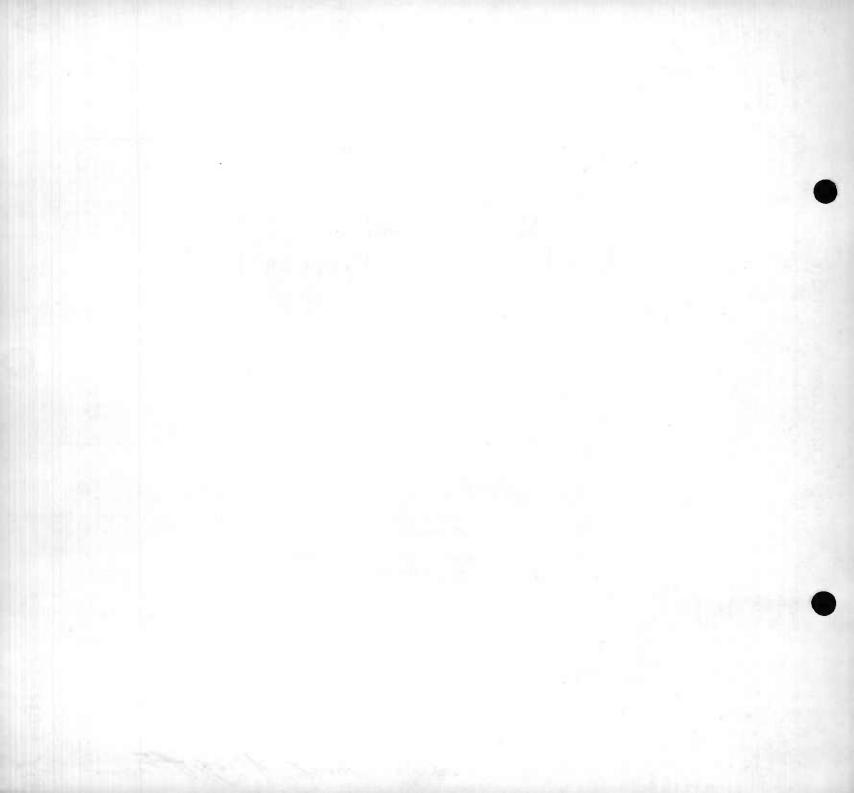
....ond that in (my) (our) opinion death occurred on the date

23 B. DATE SIGNED

(City, town, or county)

(State)

ADDRESS



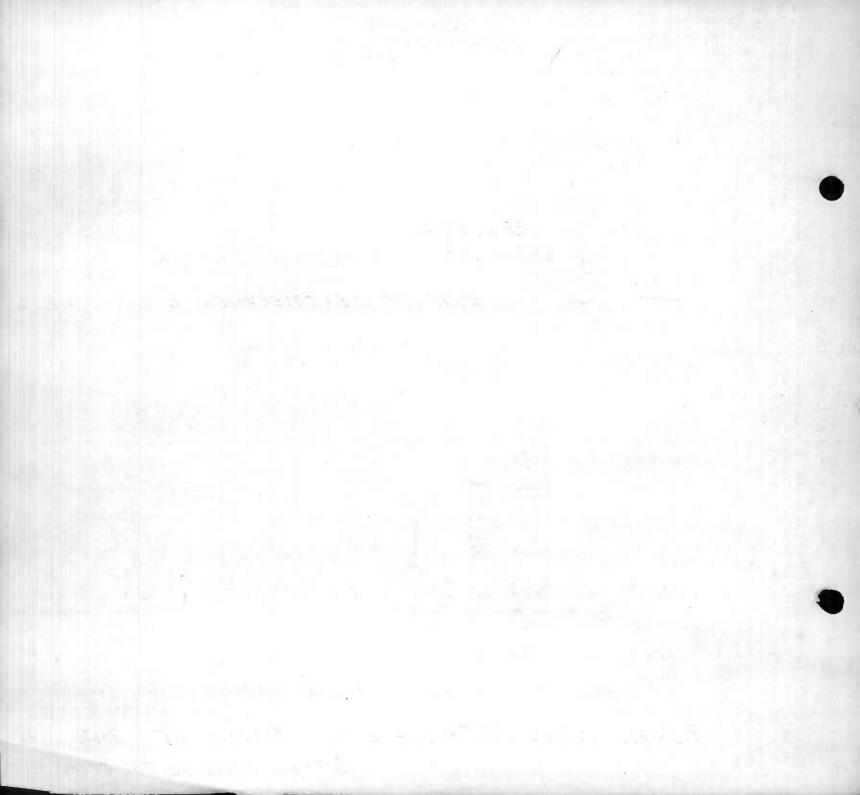
66 12222

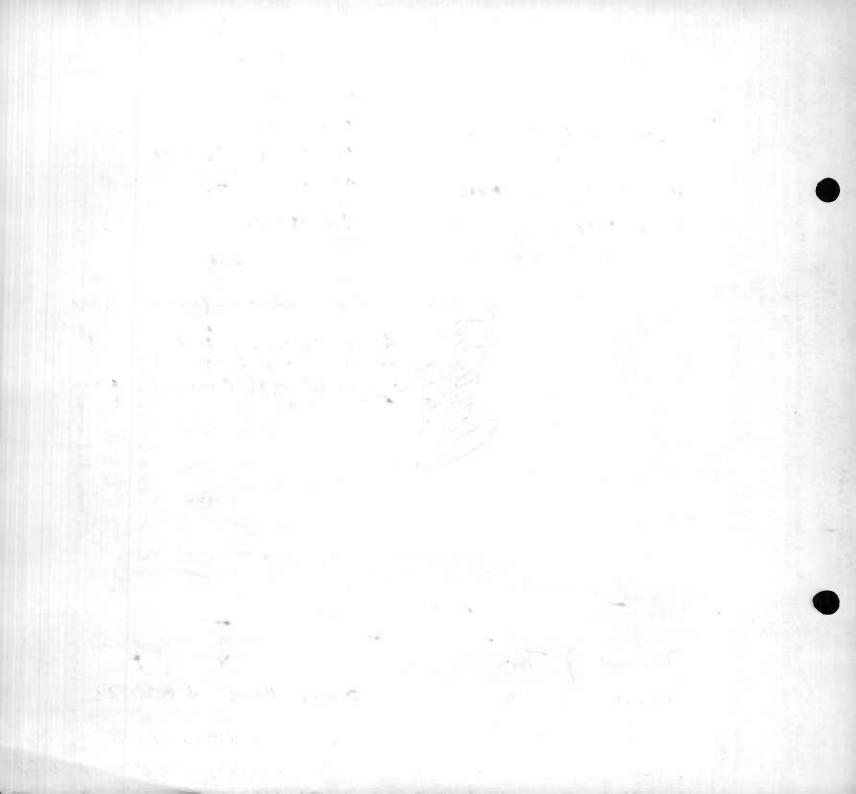
66 12222 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH I	٧٥.	MED	ICAL EX	CAMINER'S C	ERTIFICA	TE OF L	EATH Registe	red No	
	ASE NO.								
Type o	AE OF DEC	MARIO	0	ADT ANDO			HOUR PRONOUNC		10 FF D
3. PL A 6	F IN RALI	IMORE MARYLAND, W		RLANDO	IA USUAL PESID		mber 3, 196		10:55 P <sub>M</sub> .
3. 12.	DE III DALI	MORE MARIEANS, W	HERE TROITE	NCID DEAD	A. STATE		B. COL	NTY	ence before damission/
FULL N	AL OR	ADDRESS OR LOCA	AL OR INSTITU	THON, GIVE STREET		ryland	corporate limits, write	RURAL one	d give township)
INSTITU	ITION				Pa	1++mana		76	-67
0	01	766 Shamrock	A		D. STREET ADD	Itimore RESS (If rurol,	give locotion)	1	
0	0 4	700 Stramfock	Avenue		47	66 Sham	rock Avenue		
5. SEX		6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)	If Under	Yr. If Under 24 Hrs. Doys   Hours   Min.
Ma	ale	White	Widow		Nov. 23	1879	87		1 10013
		UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF COUNTRY?
_					Italy			Taken a	U.S.A.
	abore HER'S NAM				14. MOTHER'S M				
		c Orlando				Ferrer	8.		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		DILL AND	ADDRESS	
n	one				Samuel	Orland	lo 4766 Sh	amroc	k Ave
1B.	42	15 11		CAUS	OF DEATH				NTERVAL BETWEEN
	DISEA	SE OR CONDITION DI							DIASEL MAD DEATH
	This does	LEADING TO DEATH		(A) Art	terioscler	otic he	art disease		•••••••••••••••••••••••••••••••••••••••
	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It menns the disease, injury or complication which coused death.)								
		OR CONDITIONS, IF A		(B)DUE TO		***************************************	***************************************		•••••••
1	RISE TO TH	E ABOVE CAUSE (A) ST		DUE 10					
	JINDERLIII	TO CONDITION LAST.		(C)		***************************************			***************************************
		II	_1_5 V						
S :		NIFICANT CONDITIONS DEATH BUT NOT RE							
E	DISEASE O	R CONDITION CAUSING	1T.	****************					
CERTIFICATION	. DATE OF	OPERATION 198. CON		WHICH OPERATION			208. IF YES, WERE FILE	NDINGS CO SES OF DEA	N SIDERED TH?
	EXTERNA	L CAUSE WAS	218	PLACE OF INJURY (e.g.,	No		f in Soltimore City, gi	us susst les	ation)
EDIC	DERLYING	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJURY	OCCUR?	in a commone city, gr	ve exoci loc	0110117
	TIME	(Month) (Doy) (Year	) (Hour) 2	E. INJURY OCCURRED	21 F. H	DINI DID WO	RY OCCUR?		
	PROX.)		m. V	VHILE AT NOT	WHILE				
22.		tify that I held an I	nguiry	Inspection X Au	topsy one	d that on this	s bosis, death in n	ny opinion	
	resul	ted from: Notural car	uses X A	ccident Suicio			ndetermined monne		
		130	1			EDICAL EX			
	ACTUAL		9.1	Vin A	ASSISTANT M		EEC.)		DATE SIGNED
	SIGNAT		- C C	M.D	•			Decemb	er 4, 1966
	NAME (	Type)	s 5. 5p	ringate, M.D.	ACCOUNTE III	LDIONE IN	7.III.7.1		.,
	JRIAL CRE		230	C. NAME OF CEMETERY	or CREMATORY	23 D. LC	CATION (City,	town, or co	unty) (Stote)
244 B	urial	BY HEALTH DEPT.	66 B	altimore Ce	emetery C	O. E.N	lorth Ave	& Ros	St.
24A, D		EC 7 1966 (	DO R		ZAZ. FUNER.	AL DIRECTOR	- 4 4		
	D	TO . 1900 (	16 Just	E, Jarber AN	lan	1.12/	DVV18/1200	2322 5	High St

 IMPORTANT

FUNERAL DIRECTOR:





66 12225 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) December 1, 1966 7:10 P CATHERINE WILLIAMS 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) 410 Pitman Place 410 Pitman Place 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH / 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy WIDOWED, DIVORCED (specify) Months | Doys | Hours | Min. Female Negro WIVORCED 11. BIRTHPLACE (State or foreign country) tOA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life/even if retired) 4. MOTHER'S MAIDEN NAME ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL (Yes, no or inknown), (If yes, give wor or dotes of service) SECURITY NO. 303783 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Gastro-intestinal Hemorrhage (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Rupture of Esophageal Varices ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Cirrhosis. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) home, form, factory, street, office bldg.,|INJURY OCCUR? UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY WHILE AT NOT WHILE m. WORK Inspection Autopsy X I certify that I held on Inquiry and that an this basis, death In my apinion resulted from: Natural causes X Suicide Hamicide Undetermined manner Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 12/2/66 ASSOCIATE MEDICAL EXAMINER

EXAMINER'S Charles S. Petty NAME (Type) 23A. BURIAL CREMATION, 238, DATE

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION

(Stote) (City, town, or county)

2/8/6 URIAL 24A. DATE REC'D BY HEALTH DEPT.

248, NAME OF REGISTRAR

124C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/65

REMOVAL (Specifyl

INTERCED 11/29/18 43 Ceolin WARE STE SESTED DISKES BROWN 2814 ROSE a a court , and BURLAY VERTER IN CHIAM I Lote De 1944 Cooles

66 12226	BALTIMORE CITY HEALTH	DEPARTMENT		66 12226
JRIH NO.	CERTIFICATE O	F DEATH	Registered Na	00 15550
W.E. CASE NO.		DATE AND	HOUR OF DEATH	
Type of Print) Douglas Foste	2 P	2.0011	GIL.	1 106000
PLACE OF DEATH IN BALTIMORE, MARYLAND		JA-4	1966	tution; residence before admissi
TEACE OF BEATH IN BALIMONE, MAKERING	A. STAT	B. COUNTY	eceosed lived. If Insti	tonon; residence belore admiss
FULL NAME OF (If not in hospital or institution, give,	street 7 N	1 ARU / AY	id	
HOSPITAL OR oddress or locotion)	C. CITY	OR TOWN , Ilf outsid	e city fimits, write RU	RAL and give township)
INSTITUTION Washing 10	/	Saltimor	0 3	6 61
a Nulocina Home	D STORE	1.4.	give location)	
10 Maksery	0.318	2 100 6 7	Lni	
	10	1 Marker	PL	
SEX 6. RACE 7. MARRIED, NEV	VORCED (specify) 8. DATE	OF BIRTH 9.	AGE (In years	onths Doys Hours Mi
male white	5-1	1-1848	66	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY 11. BIRTH	IPLACE (State or foreign	country)	12. CITIZEN OF
one during mont of working life, even if retired)	= 1 = 1 = 1 = 1 = 1 = 1		?	WHAT COUNTRY?
		**		USA
FATHER'S NAME	14. MOT	HER'S MAIDEN NAME	*	
En. 1 et alan	20	10.11	1,1	47
KNEST TOSTER	1/11	4KY Keli	7	
	SOCIAL SECURITY NO. 17. INFOI	RMAN7	1 0	ADDRESS
	Pha	titt anil	1.x7 V2.	an Mils
110	SAME	11-004	100/ Fer	MH HVC
18. 15/XI	CAUSE OF DEATH			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	11.		-	/ >
LEADING TO DEATH	(A) Marce	noma -	simo	ch .
(This does not mean the made of dying, e.g.,	DUE TO ( )	romited sof	be ground	<u> </u>
heart failure, astherio, etc. It means the disease, injury ar camplication which coused death.)	male	till a his	poru	m 2 ml
ANTECEDENT CAUSES	(B) Upis	astrum		
	DUE TO .			1
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	aster.	undi. 1	T. Ca. 1.	3
UNDERLYING CONDITION last.	(c)	- Curic	u -na	
		Much	1 min	ee '
Z OTHER SIGNIFICANT CONDITIONS TO SELECTION IN	1 1 1 -	1-	1	h
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	stew myeletes,	sams v	right.	3 "
DISEASE OR CONDITION CAUSING IT.			v m	1 Mil.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	TH OPERATION 20A.		N CERTIFYING CAUS	IDINGS CONSIDERED
Na me				
21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in or obout		(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	orm, foctory, street, office bldg.,	INJURI OCCUR!		
CF INJURY	URY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.) White A	Not White			1
15 1 1 2 3		7.	12-11-	14
22. I certify that (I) (this hospital) attended the d	eceased fram	12 19	43.10 /	- / T 19 Q
that (I) (we) last saw the deceased alive an	12/4/6/0 19	and that	in(my) (aur) apini	an death accurred on the
	1114	13 . 3 Y / LAW	1.	
and haur and fram the causes stated above. (!) (W	e) (did) (dld nat) view the	body atter death.		
23A. SIGNATURE	1			3B. DATE SIGNED
KIL UN MAIN	M.D. Attending Phys.	Med. Sto	off ys.	13/4/6/0
23C. PHYSICIAN'S	23D. ADD			11110
NAME (Type) TN- MAT	MAURIL	1.60	Par	1
-1.11-1.110	CHACK	401	1 eum	my.
4A. BURIAL CREMATION, 24B. DATE 24C. NAME	OF COMMETERY OF CHEMATORY			town, or county) (Sto
Furial 12/8/66 Mt	Calvary Cemetr		County N	Id
	Catagia, cauge	A A	country r	I C
inrial			Country F	
SA. DATE RECD BY HEALTH DEPT. 258, NAME OF R	EGISTRAR 25C.	FUNERAL DIRECTOR_	/1	
DEC 7 1966 PLANTE OF R		FUNERAL DIRECTOR	isterd 120	ARDDRESS
DEC 7 1966 PLOCAL STREET	EGISTRAR 25C.	FUNERAL DIRECTOR_	/1	

au

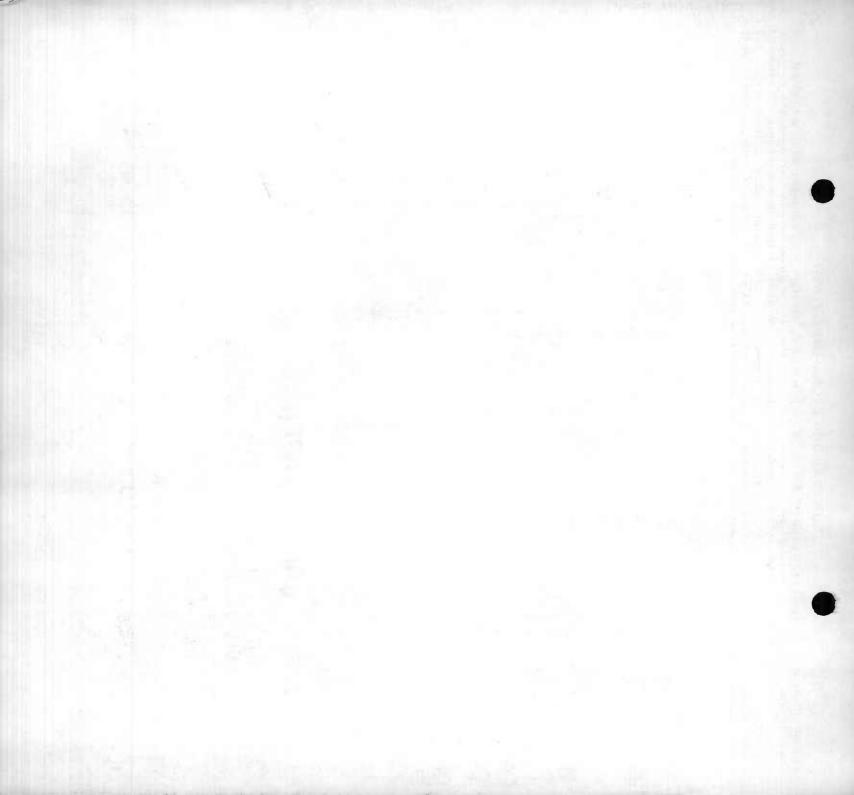
61	7)	00 40300		BALTIMORE CITY	HEALTH DEPARTMENT		CC 40.303				
	BIRTH NO.	66 12227		CERTIFICA	TE OF DEATH	Registered Na	66 12227				
	M.E. CASE	E NO. DE DECEASED				D HOUR OF DEATH					
	(Type or Pr	int) •		0 0 0							
	3 PLACE	OF DEATH IN BALTIMORE MARYL	CTAVIL	1 DK		2-66	titution: residence before admission)				
	J. ILACL	OF PLATE IN BALTIMORE MARIE	AND		A. STATE B. COUN	TY	monon: residence before domission,				
		AME OF (If not in hospital or i	nstitution, give stre	et	MD.						
	HOSPIT	AL OR oddress or location)			C. CITY OR TOWN (If out	side city fimits, write RU	JRAL ond give township)				
		06 W. FRANKLI	N ST.		BALTIMOR	e 18.	02				
	700	of the parties to perform the text.			D. STREET ADDRESS (If	rurol, give location)					
•	0				1006 W. 7R.	ANKLIN S	T				
0	5. SEX	6. RACE 7.	MARRIED, NEVER			9. AGE (In yeors)	If Hadas 1 Vs. If Hadas 24 Hzs				
made	F	n/	WIDOWED, DIVO		Dec 12, 1895	last birthdoy)	Months Doys Hours Min.				
2	IOA. USU A	L OCCUPATION (Give kind of work 10)	KIND OF BUSIN		11. BIRTHPLACE/(State or forei	an country)	12. CITIZEN OF				
2	done during	most of working life, even if retired)			2		WHAT COUNTRY?				
Ě	HOL	ise wife				MD.	2. S. A.				
0 5	13. FATHE	R'S NAME	my dr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. MOTHER'S MAIDEN NAM	ΛE	Performance in the second				
disposition	54	mes H. The	moso	14	MARY 7R	a mais	Naco: s				
		eceased Ever in U. S. Armed Forces			17. INFORMANT	apers	ADDRESS				
- Lug	(Yes, no or u	unknown) (If yes, give wor or dotes o	f service) SE	CURITY NO.							
	No	0	57	9-36-739	2 MARY TRUS	s TY 1006	FRANKLIN				
0	1B. Z	120.11		CAUSE O	F DEATH	3-1-1-1-1	INTERVAL BETWEEN ONSET AND DEATH				
		DISEASE OR CONDITION DIREC	TLY	.11	117	1 1-	ONSEL AND DEATH				
Deline		LEADING TO DEATH		(A) My	ocadial Info	exction	I hour.				
		OISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease,									
0		heart follure, asthemic, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B) CORCHARY HEART disease  DUE TO									
E 3		ANTECEDENT CAUSES		(B) COA	CHARY HEZE	7 0150254					
	DISEA	ASES OR CONDITIONS, if ony	aivina	DUE TO	(1 11 1.						
ם		rise to the above cause (A) stating the (C) MILL HY PERTENSIO									
before the remains are		ERLYING CONDITION last.									
5		11									
E		R SIGNIFICANT CONDITIONS CON									
L		THE DEATH BUT NOT RELATED ASE OR CONDITION CAUSING IT.									
-	19A.D	ATE OF OPERATION 198. CONDIT	ION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No.	10 208. IF YES, WERE FI	NDINGS CONSIDERED				
0	DI 19A.D	WASTERIOR	IVIED		SES OF DEATH:						
0	U 21 A. A	ONTRIBUTING CAUSE OF	21B, PLACE	OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)				
e		1 (notify medical examiner)	etc.)	tociory, street, o	mice blog., INJORF OCCOR:						
8	21 D. T	IME (Month) (Doy) (Year) (	House 21E IN III P	Y OCCUPPED	21F HOW DID IN I	LIBY OCCUP?					
GINEG	S OF IN	JURY	While At	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While \( \sigma \)							
5	(APPR	OX.)	Work	At Work							
10	22. 1	certify that (1) (this haspital) a	ttended the deci	eased from S	-31	1966 10 12.	- 2 1966				
0		l) (we) last saw the deceased of			11	- N	ion deoth accurred an the date				
De			-			at themy (abr) april	ion deom accorred an rile date				
ST		aur and fram the causes stated	abave. (1) (We)	(did) (did not)	riew the body after death.						
must	23A. SI	GNATURE					23B. DATE SIGNED				
	da	MURC BILLINA	11(10). VI	M.D. Atte	ending Med. Director	Stoff Phys.	12-2-66				
>	23C. PI	HYSICIAN'S	4)	)	23D. ADDRESS		,				
5	o.	AME (Type) P A	4	M.D.	909-11 N. CAK	pov Stoee	+				
approval	244 200	muel K. Dwings	1245 11445								
	24A. BURI.	OVAL (Specify) 248. DATE	24C. NAME OF	CEMETERY OF CR	- 11 / 2 / 200-	1 Fullial Gr	, town, or county) (Stote)				
Written	Be	inal 100,6,186	to Talun	rol hall	las come	i greater of	Touthern, mai				
	25A. DATE	REC'D BY HEALTH DEPT.  25	B. NAME OF REGI	STRAR	25C FUNERAL DIRECTOR	1 110	ADDRESS,				
3		DW0 W 4000	00000	9.0	Justoh of A	ww 2222	I hand are				
1	VS 150 PF	DEC 7 1966	Obelow &	. Talley W		- House	ment me				
	V ) I YEZ-RE	V. 1/1/03					,				

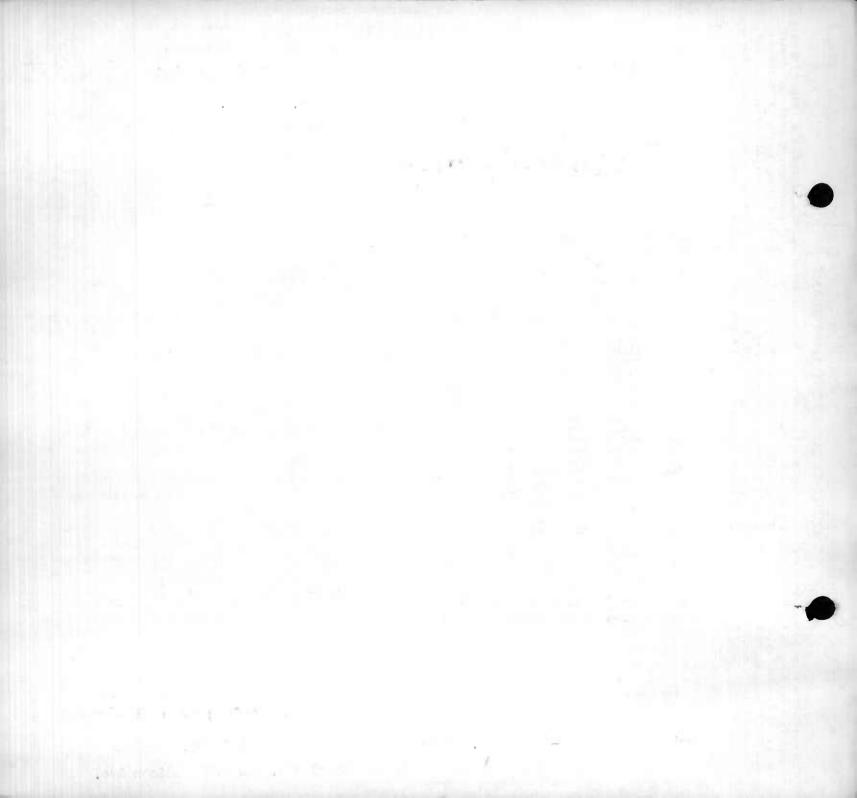
The state of the s

DEBAR STATE AND STATE A STATE

Strong Style Mark Town If Margareting

and the state of t





VS 150-REV. 1/1/65

THE RESERVE OF THE PARTY SERVES OF THE  pup

a hospital

		4 (3.4	7.1	BALTIMORE CITY	HEALTH DEPARTMENT		00 40 40
BIR	TH NO.	66 122	31.	CERTIFICA	TE OF DEATH	Registered No	66 12231
M.	E CASE NO.			CERTIFICA			
	Print)	PHILL	IPS.	mRs. 416	1	-6-66	11:30 A M.
3.	PLACE OF DEATH	IN BALTIMORE, MA	RYLAND		A, STATE B. COU	NTY	stitution: residence before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location	)		C. CITY OR TOWN (IF o	DYLAND utside city limits, write	RURAL and give township)
	chu	ect to	me &	Hospital		timore	2-01
13	35 100	alfron	dua!	y	300	Spring	ct
5. :	SEX 6. 1	RACE TA/		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9 AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
102	USUAL OCCUPA	TION (Give kind of work	MAR 10B. KIND OF	BUSINESS OR INDUSTRY	4-15-08	eign country)	12. CITIZEN OF
1111	a decine made of supply	ing life, away if satisad)			POLDET	)	WHAT COUNTRY?
13.	FATHER'S NAME	useure			14. MOTHER'S MAIDEN NA	ME	pmericka
	n	vkne	en		17. INFORMANT LEO PHILL!	Euroun	
		r in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT	C = 10	ADDRESS
	NO			-		PS (HUSG)	sor younge
	18. 33/	X I	roel v	CAUSE O	F DEATH	1.	INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	ECILT	(A)	(crebial	Kernoul	en 12T- dans
	heart failure, ast	meon the made of henia, etc. It means	the disease,	DUE TO	idadana na anakanakanania 19 11 ili 9 a a a a a a a a anaka <b>19</b> g a a g g an g c	***************************************	0
		colion which coused TECEDENT CAUSES	deo Ih.)	(B)			
		CONDITIONS, if	any, giving	DUE TO			
		bave couse (A)		(C)		0 ~~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0 PPB PPM
		11					
ATION	TO THE DEAT	ANT CONDITIONS C H BUT NOT RELA NDITION CAUSING I	TED TO THE				
ERTIFIC	19A. DATE OF OP	ERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me		21 B. hometc.)	PLACE OF tNJURY (e.g., i e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
MEDI	21D. TIME (MODELLE)	ionth) (Doy) (Year)	Whi	INJURY OCCURRED  le At Not While	21F. HOW DID IN	JURY OCCUR?	10 10 10 10 10
		et (1) (this hospital	) attended th	At Work		1966 10	2-6 1966.
		st saw the decease				-	nian death occurred an the date
					riew the body ofter death.		
	23A. SIGNATURE	17An	lund	M.D. Att	ending Med. Director	Stoff Phys.	123B. DATE SIGNED
	23C.PHYSICIAN'S	Bala	SIB	1	23D. ADDRESS	el Am	e of then
24	A. BURIAL CREMA REMOVAL (Spec		24C.NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C)	ty, town, or county) (Stote)
1	BURIAL	12-9-6	C HOL	Y ROSARY CL	METERY BA	LTIMORE	MARYLAND
125	A. DATE REC'D BY	HEALTH DEPT.	25B. NAME O	F REGISTRAR /	25C. FUNERAL DIRECTO	R	ADDRESS

E. Farleyan

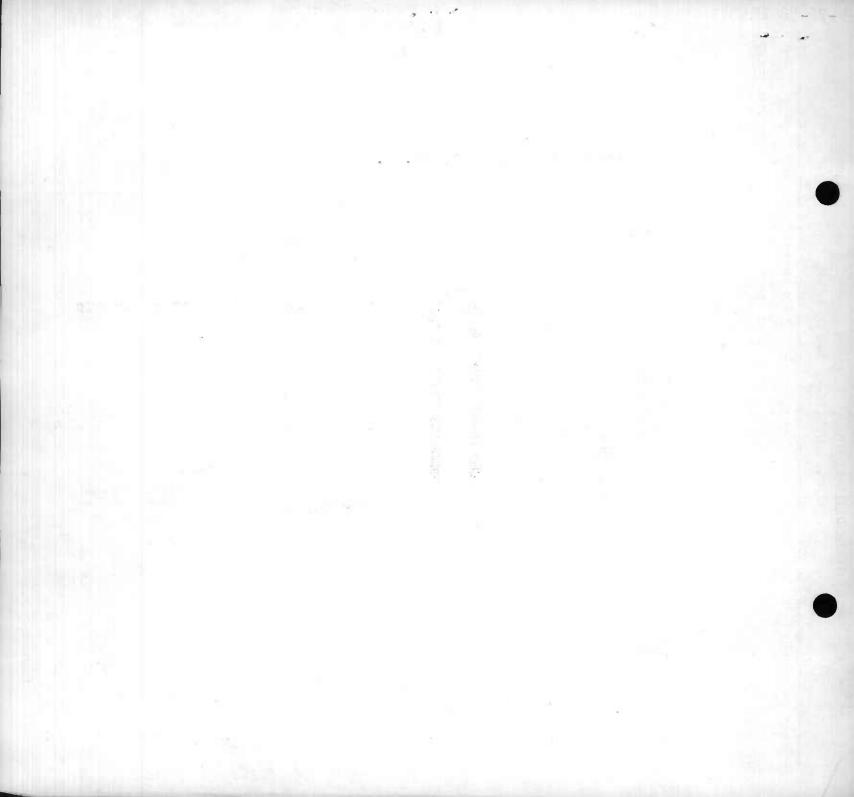
1966

DEC 7

VS 150-REV. 1/1/65

Exercise Horn & Hospital BRATIME FOR is simily are 85 60-31-4 POFRND Wanderte unknain Unknow Leo Male, pe (Hord) 3

44-70	6-86 IBD	66 12232 RALTIMORE	CITY HEALTH DEPARTMENT	66 12232 V
	meree	CERTIFIC	CATE OF DEATH Registered No. —	00 1,404
	and eath ase th th	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	of death Of death Deceased e on the ith. Such	(Type or Print) Elizabeth Patcher	11/25/66	16 50 PM.
	De of ath	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institu	ution: residence before admission)
	SS (S)	FULL NAME OF (If not in hospital or institution, give street	Md Balt.	
		HOSPITAL OR address of lacotion)	C. CITT OR TOWN (If outside city limits, write RUR	AL and give township)
	_ ¬ ¬		Baltimone 15	-38
	Cau cau		D. STREET ADDRESS (If rurol, give lacation)	) / n
	ar ar	4940 Eastern Avenue, Baltimore,		Park Ave
	325500	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	lost birthdov) N	f Under 1 Tr. If Under 24 Hrs.
	occu ontr ermi regu	S.	9/21/65 /41-	
	上った」って	tOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU done during most of working life, even if retired)	iTRT   11. BIRTHPLACE (State or fareign country)	2. CITIZEN OF WHAT COUNTRY?
	or nde	- in faut	Maryland	USA
	D + D D O S	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	0
-	(4)		Foster moth	rer o
Z	ath ath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown)(If yes, give wor ar dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	Whitehead
A	ist he kin de ce ce	11 0	RECORDS-BCH-4940 Easter	Whitehead
ORT	ass dy find dy	18 9/ 0   @ CAUS	E OF DEATH	INTERVAL BETWEEN
P	is and and and and and and	DISTASE OF CONDITION DISTANCE		ONSET AND DEATH
Σ	Also e of atte	LEADING TO DEATH	epsis	~ 12 hm
		LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)		
× ×	iner ner. actu pro ular mba	injury as camplication which caused death.)	polumonia	~ 12 1 4
10	E tr	ANTECEDENT CAUSES	-97/2000/01/1/2	
E C	A W W P	DISEASES OR CONDITIONS, if any, giving 0	35 0/ 2 nd las ma hour	731
MINE	in in St	UNDERLYING CONDITION last.	2 10 a all the parts	a some
EXAMINER AL DIREC	lico cal ns; icio as			0
A P	odice nysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	A A A A A A A A A A A A A A A A A A A	DISEASE OR CONDITION CAUSING IT.	1004	
MEDICAL	a bod he sic	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF TES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
8 >	he c by (2) E re t phy fore	U 21A. ACCIDENT WAS UNDERLTING 21B. PLACE OF INJURT ( OR CONTRIBUTING CAUSE OF home, form, foctory, street		ity, give exact location)
显	+ 0 0 0	▼ DEATH (notify medical examiner) etc.) h (NAS)	t, office bldg., INJURY OCCUR?	15 34
工田	by kh	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURT OCCURRED	21F. HOW DID INJURT OCCUR?	
H	atu atu (6)		While IT Cato City to All.	dell' scalder
BY	ov e f			mjung
9	the the	22. I certify that (1) (this haspital) attended the deceased fram.		19.6.
E C	= 0 0	that (1) (we) last saw the deceased alive an	19 66 and that in (MY) (our) opinia	n death accurred on the date
E S	st be a sased to dent of ospital death)	and haur and from the causes stated above. (1) (We (did) (did no		DATE CLOSED
A PPR OVED	de d	23A. SIGNATURE A. C. C. M.D.		B. DATE SIGNED
	E + C - E	munice ) June	Phys. Director Phys. X	11/25/66
BE	ificate  y was r  y An a  y.A. at a  d prior	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS	14 2 4 1
TO	ertificat ody was s: (1) An D.O.A. at ised price	Dr. Ann Silver	1.0. Daltimore City	170spilals
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specily)	CREMATORT 24D. LOCATION (City,	town, or county) (State)
	body ws: () D.O ease	Cremation 12-3-66 Baltimore Ci	ty Hospitals Baltimore, Ma	arylad 21224
	This cert the body shows: ( was D.C decease	25A. DATE REC'D BY HEALTH DEPT 66 18 NAME OF REGIS KAR DEUT	25C. FUNERAL DIRECTOR	ADDRESS
	* = 3 0 3	100000	TOSPITAL DISPUSE	LL
		VS 150-REV. 1/1/65	- 0	



VS 150-REV. 1/1/65

of death, Deceased

hospital

U O

ance

CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH 10 (Type or Print) 3. PLACE OF DEATH IN BALTIMORE RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or locotion (If outside city limits, write RURAL and give township) INSTITUTION BALTIM 0 ALTO: md D. STREET ADDRESS ORTHBOURNE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. WIDOWED, DIVORCED (specify) lost birthdoy Hours 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) VON USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C. Fowble 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMAN ADDRESS (Yes, no organknown) (If yes, give wor or dotes of service) SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) slating the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) this haspital) attended the deceased from that (1) (we) last saw the deceased alive an 19 and that In((my)) (aur) apinion death occurred on the date and hour and from the causes stated abave ((1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Phys. Med. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) 12/7/66 Grace Methodist Cemetery Balto. Co. Burial 12/1 Md. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Tipton Eline Fun. Home Hampstead,

MARTE MINE NIAE ... R EDWIN ARMA CT P217 - 27 - 215 Kimethel Kratinen 11) X 12/4/69

-		00 4	0001		BALT	IMORE CITY	HEALTI	H DEPARTME	NT	1	(	66 12	3234
13	H NO.		2234		CE	RTIFICA	TE C	F DEAT	TH	Registered N		2, 1,	
1. N	AME OF D		4001	Ver	, RA	1440	NI	2. 04	2 P	HOUR OF DEA	TH -4-0	66	M
1	FULL NAMI	DEATH IN BA	not in hospital a	WLAND	give street		A. STAT		E (Where COUNT		lf institutio	on: residence	e belore odmission)
H	NSTITUTION	R ode	dress or location				c. CITY	OR TOWN	(If outs	ide city limits, wr	ite RURAL	ond give t	township)
3	8 BA	LTIM	ore	1, m	D,		D. STRE	RING	-	orol, give locotional	ATE	1105	P.
5. \$	EXM	6. RACE		7. MARRIED, WIDOWE NEV	D. DIVORCE	D (specify)	B. DATE	24-3	7 %	AGE (In years	If U Mon	Inder 1 Yr.	If Under 24 Hrs. Hours Min.
don	during most	of working lile	Give kind of work , even il retired) Helpek	Bui	BUSINESS	OR INDUSTRY	11. BIRT	YAINI	2		12.	CITIZEN OF WHAT CO	F UNTRY?
13.	THO	MAS	FAUL	CON	eR		AC		Pe.	RRYMA	N		
15. Yes	Was Occas s, no or unkno	sed Ever in U wn) (If yes, g	. S. Armed Fordive war or date:	s of service)		TY NO.	17. INFO	NOCE	- 01	CONCY.	Ball	ADDR	e Mal
	18. J		NDITION DIR	ECTLY		CAUSE OI	DEATH	TO	100	- /	11201		AL/BETWEEN AND DEATH
	heart failu	s na1 mean re, asthenia,	the made of etc. It means which caused	the disease,		DUE TO	ACO	16 0	CON	neRULO.	Near	TNIII	
		ANTECED	ENT CAUSES			(B)					***********		
	rise la		cause (A)			(C)						800000 00 BOO 000000	
NOIL	TO THE	DEATH B	ON OITIONS COUT NOT RELA	TEO TO TH		18							Typ
ERTIFICA			ON 198. CONI WAS PERF	DITION FOR	WHICH OPE	RATION	20 A.	AUTOPSY? (Ye	s or No)	20B. IF YES, WI	RE FINDIR	NGS CONS	DERED
CAL CE	OR CONTR	DENT WAS I	UNDERLYING CAUSE OF exominer)	218 hor etc.	ne, form, foc	INJURY (e.g., in tory, street, of	or obou	21C. WHERE	DID CUR?	(If in Bolti	more City,	, give exoct	t locotion)
MED	21D. TIME OF INJURY (APPROX.)		(Doy) (Year)		nile At	Not While At Work		21 F. HOW D	NIN DIO	RY OCCUR?			
22. I certify that (I) (this haspital) attended the deceased from 11-30-1960 to 12-4-									1966				
that (i) (we) last saw the deceased alive on										orred on the dark			
										/			
	23C. PHYSI NAMI	CIAN'S E (Type)	VART	-6,1	FINE	2 M.D.	3D. AB	Bal Ti	SiTI	y Hesp	iTa	7	
24A		REMATION. L (Specify)	248. DATE	24C. N	AME of CEA	METERY OF CHE	MATORY	-	24D. LO	CATION	City, tov	wn, or count	ty) (Stote)
25A	BUSI:	C'D.BY-HEAL	1	25B. NAME	OF REGISTRA	hurch	Cell 25C.	FUNERAL DI	RECTOR	ocust q	rave	- 7 V	DDRESS
		DEC.	7 1966	(Police)	5 E . sto	Assen A	E	92sch	15/5	ONS-Ay	allsu	ille,1	Ma

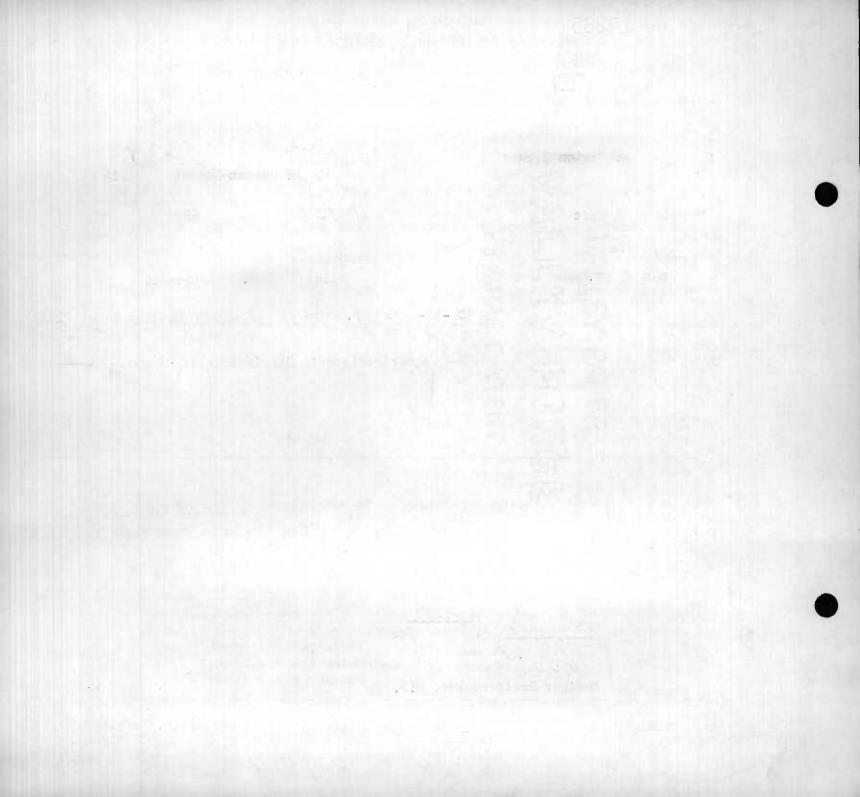
Carpenter Holper Boilding Harginita.

JaTigon Hy The Yalynu to

Burral Took Storen Charley brocks grace Van

		00	2	43	7	
4	N.	66	1	C.C.	5	)

M.E. CASE NO.			CAMINER'S C				
1. NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
D.	AISY Belle		DEMUTH		Dece	mber 4, 196	6   3:08 P A
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	DENCE (Where	deceased lived. If inst B. COL	titutian: residence befare admissio
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Mar	yland		e RURAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	(IION)		C. CITI OK 10	WIN THE GOISIC	e curpuidie initiis, while	e KOKAL and give township)
914	4 Ashburton S	treet		Bal D. STREET ADD	timore	16-	-06
00						ton Street	21216
S. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	н	9. AGE (In years	If Under 1 Yr. If Under 24 H Manths, Doys, Hours, Min
Female	White	_	idowed	3/28/189	89	-68	
	UPATION (Give kind of world	TOB. KIND OF	BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?
House	warking life, even if retired)			Mary]	and		WHAT COUNTRY?
S. FATHER'S NAM		.1		14. MOTHER'S N		E	
John	A.?	Smith		Alice	9 1	1. Stemme	11
5. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	-	O O MAIN	ADDRESS
No.	None	s at service	214-22-6673	Mr. John	W. DeM	luth 57 Rit	tens Ione 21117
18. //	201			OF DEATH	. 110.	-u 011 )   1(1 (	INTERVAL BETWEEN
7	10K-11						ONSET AND DEAT
DISEA	SE OR CONDITION DI LEADING TO DEATH						
(This days			(A) Arterio	oscleroti	c Cardi	ovascular D:	isease
heart failure	not mean the made of , asthenia, etc. It means	the disease.	DUE TO				
injury ar co	mplication which caused	de ath.)					
	ANTECEDENT CAUSE	S					
	OR CONDITIONS, IF A		(B)	4			
RISE TO TH	IE ABOVE CAUSE (A) S'	TATING THE	551 10				
	20112111011 271311		(C)				***************************************
은	П						
OTHER SIG	NIFICANT CONDITIONS						
DISEASE O	R CONDITION CAUSING		HE				***************************************
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE	PERATION 198 CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPS	(? (Yes ar Na)	208. IF YES, WERE FI	NDINGS CONSIDERED
. [ ]	WAS PER	FORMED		N	0	IN CERTIFYING CAU	SES OF DEATH?
21A. EXTERNA		21 B.	PLACE OF INJURY (e.g.,	in ar about 21C.	WHERE DID	(If in Boltimore City, gi	ive exact location)
UNDERLYING CAU	OR CONTRIS-	etc.)	, farm, factory, street, o	mice bidg., INJUR	Y OCCUR?		
21D TIME	(Month) (Doy) (Year	) (Hour) 2	E. INJURY OCCURRED	21 F. H	OW DID INJ	JRY OCCUR?	
OF INJURY (APPROX.)		V	HILE AT NOT	WHILE			
22.	tify that I held on I		Inspection X Aut		d that on th	is bosis, deoth In n	ny aninian
	Ited from: Montrol car		ccident Swicide			Undetermined monne	
	1/-)//		//		EDICAL EX		
ACTUA	L ///	117	7 8				DATE SIGNED
SIGNAT		yun	100 G M.D.	ASSISTANT M			
EXAMIN NAME (		Breiter	necker, M.D.	ASSOCIATE N	EDICAL E	XAMINER	12/5/66
BA. BURIAL CRE		23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	, tawn, ar caunty) (Stote)
Burial			Pleasant Hill	Compte	. 0	wings Mills	Maryland
	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR		ADDRESS/4
			4 99 0	2		,	Brotte, m
-	_UEU 7_ 196	y Olika	BE. failur	Winy	1. Vend	men & So	no mother!
VS 151-REV. 1/1/	65				· ·		



1. N	AME OF OEC	CEASED -	CERTITIO	ATE OF DEATH Registered	ATH
	e or Print)	Cecilia Meyer		37 / . 14 /	:40 nm
3. P	LACE OF DE	ATH IN BALTIMORE MAR		4. USUAL RESIDENCE (Where deceased lived.	The second secon
				MARYLAND	
H	ULL NAME (	oddress or location	r institution, give street	C. CITY OR TOWN (If outside city limits, v	vrite RURAL and give township)
II	NOITUTITZN			BALTIMORE	8-03
	THE	JOHNS HOPKI	NS HOSPITAL	O. STREET ADDRESS (If rurol, give location	
-	33			1809 FOREST PARK	AVE.
5. \$1	EX	/	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birth day)	Months Doys Hours
	F	W	WIDOWED, DIVORCED (specify)	1-28-94	
			10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dane		working life, even if retired)		Maryland	WHAT COUNTRY:
13. F	FATHER'S NA			14. MOTHER'S MAIDEN NAME	
	Jos	EPH MY MOYL	AN	JOHANNA O'KEEFE	
15 W		Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
(Yes,	, no or unknow	n) (If yes, give wor or dotes	of service) SECURITY NO.		
	No	None	106-01-3377	Mrs. William Horne 2 G	
	1B.	7.21	CAUSE	OF DEATH	INTERVAL BETWE
	DISEA	SE OR CONDITION DIR	ECTLY	0 . +	
	(This does	LEADING TO DEATH	dving a g	Kespiralory Arres!	
	heart failure,	nal meon the made of asthenia, etc. It means	the disease,	/	
	injury or car	mplication which caused	death.)		1
				Acres (inal	Muse of Man
		ANTECEDENT CAUSES	(B)	Aspiralion	Spooral Men
	DISEASES	OR CONDITIONS, il o	(B) OUE TO	Aspiralion Pisasa	Several Men
	DISEASES		(B) OUE TO only, giving stoling the (C)	Respiratory Arrest  Aspiration  Chronic lung Disease	Sporal Men
	DISEASES	OR CONDITIONS, it also bave cause (A) G CONDITION last.	(B) OUE TO Iny, giving stoling the (C)	Aspiralion Chronic lung Disease	Spotral Min
NO	DISEASES rise to the UNDERLYIN	OR CONDITIONS, il o le obave cause (A) G CONDITION last.	ONTRIBUTING	Chronic lung Disease	Several Min
	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE	OR CONDITIONS, il o le obave cause (A) G CONDITION last.	ONTRIBUTING PART THE	Chronic lung Disease  On Ventural Herma Remain	Several Min
ATIO	DISEASES rise to Ih UNDERLYIN OTHER SIGN TO THE C DISEASE OR	OR CONDITIONS, il a te obave cause (A) G CONDITION last.  II HIFICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING IT	ONTRIBUTING TED TO THE POST	Op Ventural Herma Repair	/ERE FINDINGS CONSIDERED
ATIO	DISEASES rise to Ih UNDERLYIN OTHER SIGN TO THE C DISEASE OR	OR CONDITIONS, il or obave cause (A) G CONDITION last.  Il or or obave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO THE POUT SITION FOR WHICH OPERATION ORMED ENTERAL HERWIA	OP Ventual Terma Repair  120A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING	
CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE C DISEASE OR  19.A. DATE O	OR CONDITIONS, if of the obave cause (A) of CONDITION last.  INFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT FOPERATION 198. CONDITION CAUSING IT FOPERATION 198. CONDITIONS PERFORMANCE OF THE OBACT CONDITIONS TO THE OB	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED  WIETER 1218. PLACE OF INJURY (e.g.	OP Ventural Terma Regard  20A. AUTOPSY? (Yes or No)  20B. IF YES, W IN CERTIFYING  in or obout 21 C. WHERE DID  (If in Bo)	/ERE FINDINGS CONSIDERED
AL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE O OR CONTRIB	OR CONDITIONS, if of the obave cause (A) of CONDITION fast.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED  WIETER 1218. PLACE OF INJURY (e.g.	OP Ventual Terma Repair  120A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
DICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE O OR CONTRIB DEATH (notification) 21D. TIME	OR CONDITIONS, il or obave cause (A) G CONDITION fast.  IIIIIIII CANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING IT FOPERATION 198. CONING SPERFOLL WAS UNDERLYING TUTING CAUSE OF	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street,	OP Ventural Terma Regard  20A. AUTOPSY? (Yes or No)  20B. IF YES, W IN CERTIFYING  in or obout 21 C. WHERE DID  (If in Bo)	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
AEDICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19.A. DATE O  1/2, 21.A. A CCIDE OR CONTRIB DEATH (notifi	OR CONDITIONS, if of the obave cause (A) of CONDITION last.  INFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT FOPERATION 19B. CONTINUAS PERFORMED CAUSE OF THE O	ONTRIBUTING FED TO THE  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E, INJURY OCCURRED  While AI Not WI	ON Ventural Terms Reptairs    20A. AUTOPSY? (Yes or No.)   20B. IF YES, W IN CERTIFYING  In or obout 21C. WHERE DID  office bldg., INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES rise to In UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19.A. DATE O OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)	OR CONDITIONS, if or obave cause (A) G CONDITION fast.  IIIIIIII NOT RELA CONDITION CONDITION CAUSING IT FOPERATION 198. CONDITION CAUSING IT FOPERATION 198. CONT WAS PERFORM TWAS UNDERLYING UTING CAUSE OF y medical examiner)	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While AI Not Will Work	OF Ventural Torma Regions    20A. AUTOPSY? (Yes or No.)   20B. IF YES, W IN CERTIFYING  , in or obout   21C. WHERE DID  office bldg.,   INJURY OCCUR?    21F. HOW DID INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19A. DATE O  1/3 21A. A CCIDE OR CONTRIB DEATH (notif)  21D. TIME OF INJURY (A PPROX.)  22. 1 certify	OR CONDITIONS, if a cle obave cause (A) G CONDITION (ast.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While AI Not Will Work  attended the deceased fram.	OP Ventural Torma Regard  20A. AUTOPSY? (Yes or No)  In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19A. DATE O  1/3 21A. A CCIDE OR CONTRIB DEATH (notif 21D. TIME OF INJURY (A PPROX.)  22. 1 certify	OR CONDITIONS, if or obave cause (A) G CONDITION fast.  IIIIIIII NOT RELA CONDITION CONDITION CAUSING IT FOPERATION 198. CONDITION CAUSING IT FOPERATION 198. CONT WAS PERFORM TWAS UNDERLYING UTING CAUSE OF y medical examiner)	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While AI Not Will Work  attended the deceased fram.	OF Ventural Torma Regions    20A. AUTOPSY? (Yes or No.)   20B. IF YES, W IN CERTIFYING  , in or obout   21C. WHERE DID  office bldg.,   INJURY OCCUR?    21F. HOW DID INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE O OR CONTRIB DEATH (notification) 21D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we	OR CONDITIONS, if of the obave cause (A) of CONDITION fast.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While AI Not Will Work  attended the deceased fram.	in or obout 21C. WHERE DID Office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  1966 ta	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE O OR CONTRIB DEATH (notification) 21D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we	OR CONDITIONS, il of the obave cause (A) G CONDITION last.  IIIIIII CANT CONDITIONS CONDITIONS CONDITION CAUSING II of OPERATION 198. CONDITION CAUSING II OF OPERATION 198. CONDITION CAUSING II OF OPERATION 198. CONDITION CAUSE OF y medical examiner)  (Month) (Doy) (Year)  (that (1) (this haspital) last saw the decease of fram the causes state	ONTRIBUTING TED TO THE  Ditton FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While AI Not Will Not	in or obout 21C. WHERE DID Office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  1966 ta	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A-DATE O OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we and haur an	OR CONDITIONS, il of the obave cause (A) G CONDITION last.  IIIIIII CANT CONDITIONS CONDITIONS CONDITION CAUSING II of OPERATION 198. CONDITION CAUSING II OF OPERATION 198. CONDITION CAUSING II OF OPERATION 198. CONDITION CAUSE OF y medical examiner)  (Month) (Doy) (Year)  (that (1) (this haspital) last saw the decease of fram the causes state	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While AI Not Will Work  O attended the deceased fram dalive an 12/4  ed abave. (1) (We) (fid) (did nat)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 66 ta and that in (my) (aur.)  view the bady after death.	VERE FINDINGS CONSIDERED CAUSES OF DEATH?  Stimore City, give exact location)
MEDICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE O OR CONTRIB DEATH (notification) 21A. ACCIDE 21A. ACCIDE OF INJURY (APPROX.)  22. I certify that (I) (we and haur and 23A. SIGNATI 23C. PHYSICI.	OR CONDITIONS, il of the obave cause (A) G CONDITION fast.  IIIIIII CANT CONDITIONS CONDITIONS CONDITION CAUSING THE CONDITION CAUSE OF CAUSE OF CONDITION CAUSE OF CAUSE	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While AI Not Will Work  O attended the deceased fram dalive an 12/4  ed abave. (1) (We) (fid) (did nat)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 66 ta and that in (my) (aur.)  view the bady after death.	VERE FINDINGS CONSIDERED CAUSES OF DEATH?  Stimore City, give exact location)
MEDICAL CERTIFICATIO	DISEASES rise to In UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19.A. DATE O  21.A. ACCIDE OR CONTRIB DEATH (notification) 21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and haur an 23.A. SIGNAT	OR CONDITIONS, il of the obave cause (A) G CONDITION fast.  IIIIIII CANT CONDITIONS CONDITIONS CONDITION CAUSING THE CONDITION CAUSE OF CAUSE OF CONDITION CAUSE OF CAUSE	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While AI Not Will Work  O attended the deceased fram dalive an 12/4  ed abave. (1) (We) (fid) (did nat)	20A. AUTOPSY? (Yes or No.)  20A. AUTOPSY? (Yes or No.)  20B. IF YES, W IN CERTIFYING  Office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 66 ta  19 66 ta  19 66 ta  View the bady after death.  Additional Staff Phys.  23D. ADDRESS	VERE FINDINGS CONSIDERED CAUSES OF DEATH?  Stimore City, give exact location)
MEDICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE O OR CONTRIB DEATH (notification) 21A. ACCIDE OF INJURY (APPROX.)  22. I certify that (I) (we and haur an 23A. SIGNATI NAME (	OR CONDITIONS, il of the obave cause (A) G CONDITION fast.  IIIIIII CANT CONDITIONS CONDITIONS CONDITION CAUSING THE CAUSING THE CONDITION CAUSING THE CAUSING THE CONDITION CAUSING THE CONDITION CAUSING THE CONDITION CAUSING THE CAUSING	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMAED  ACTOR 218. PLACE OF INJURY (e.g., home, form, fociory, street, etc.)  (Hour)  218. PLACE OF INJURY (e.g., home, form, fociory, street, etc.)  While AI No! Will At Worl  At Worl  At Worl  Ad alive an 12/4 (did nat)  A.D. Api	20A. AUTOPSY? (Yes or No.)  20A. AUTOPSY? (Yes or No.)  20B. IF YES, W IN CERTIFYING  (If in Bol)  21F. HOW DID INJURY OCCUR?  All 19 66 ta  19 66 ta  19 66 ta  19 66 ta  21F. How and that in (my) (aur.)  4 view the bady after death.  23D. ADDRESS  24. H. H.	JERE FINDINGS CONSIDERED CAUSES OF DEATH?  Stimore City, give exact locofion)  12/4 19 1  aplinian death accurred an the course of the course
MEDICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE O OR CONTRIB DEATH (notification) 21A. ACCIDE 21A. ACCIDE OF INJURY (APPROX.)  22. I certify that (I) (we and haur and 23A. SIGNATI 23C. PHYSICI.	OR CONDITIONS, if a obave cause (A) if obe and the conditions of the condition causing it of operation [19.8]. Consider (A) if obave cause of the caus	DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While AI Not Will Work  At Work  attended the deceased fram ded abave. (1) (We) (Gid) (did nat)  A.D. A.P.  NOTOCKET T. M.E.  24C. NAME of CEMETERY of C.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  12	VERE FINDINGS CONSIDERED CAUSES OF DEATH?  Stimore City, give exact locotion)  12/4 19 19 19 19 19 19 19 19 19 19 19 19 19

2 E3 LW III

deceased

o

he body

of death Deceased death

cause

0

the

u o

ance

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 12237 BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JONES, LEOLA MAY 12-5-66 9:00A death. 3. PLACE OF DEATH IN SALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY MARYI AND FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore
D. STREET ADDRESS ST. AGNES HOSPITAL (If rurol, give locat 1909 Litchfield Ave. 21215 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF SIRTH 9, AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED DIVORCED (specify) lost binhey FEMALE WHITE 10-1-88 IGA USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? ing most of working life, even if retired) U.S.A. MARYI AND Hou sewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PETER Lainhart IDA REED 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212-12-16170 ST. AGNES HOSPITAL RECORDS NONE CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased fram NOVEMBER 19 66 to DECEMBER 66 that (I) (we) lost saw the deseased alive on DECEMBER 5 19 ... and that in (my) (our) opinion death occurred on the date ond haur and from the causes stated obove. (1) (We) (did) (did not) view the body ofter death.

23A. SIGNATURE 23B, DATE SIGNED 12-5-66 Attending Med. Phys. Director 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) HOSP8TAL CATONS **EWALDO** AGNES 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION O (City, town, or county) REMOVAL (Specify) 12/8/1966 Loudon Park Cemetery Baltimore. Maryland 25A. DATE REC'D BY HEALTH DEP VS 150-REV. 1/1/65

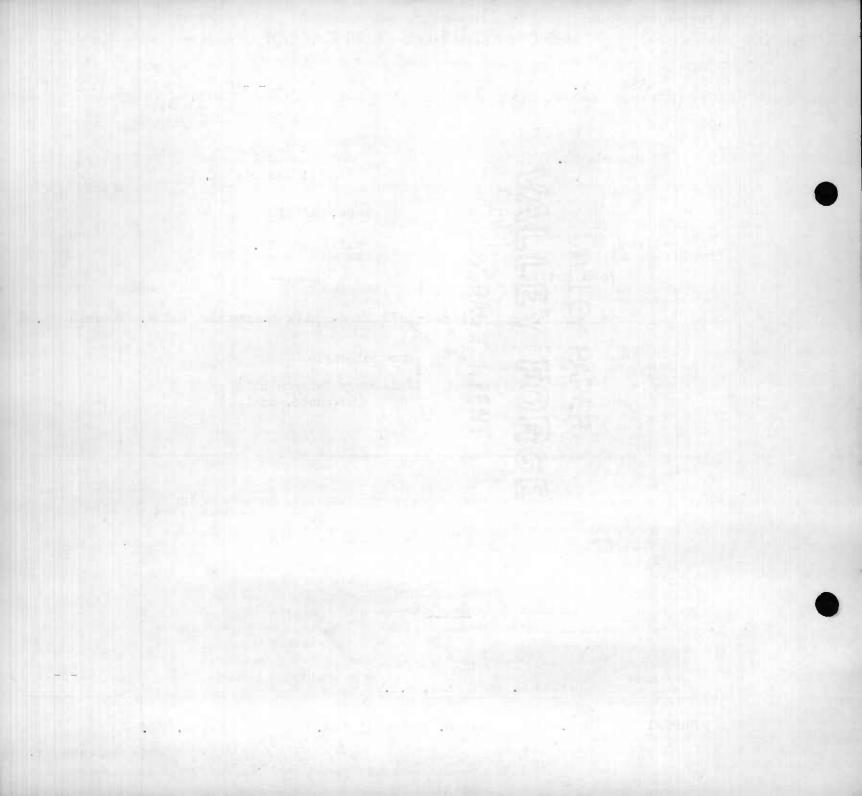
SABALIT SWITE - 1 TARSON SSUE TA TAR TO SEE SEE SLI E

86 12238

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12238

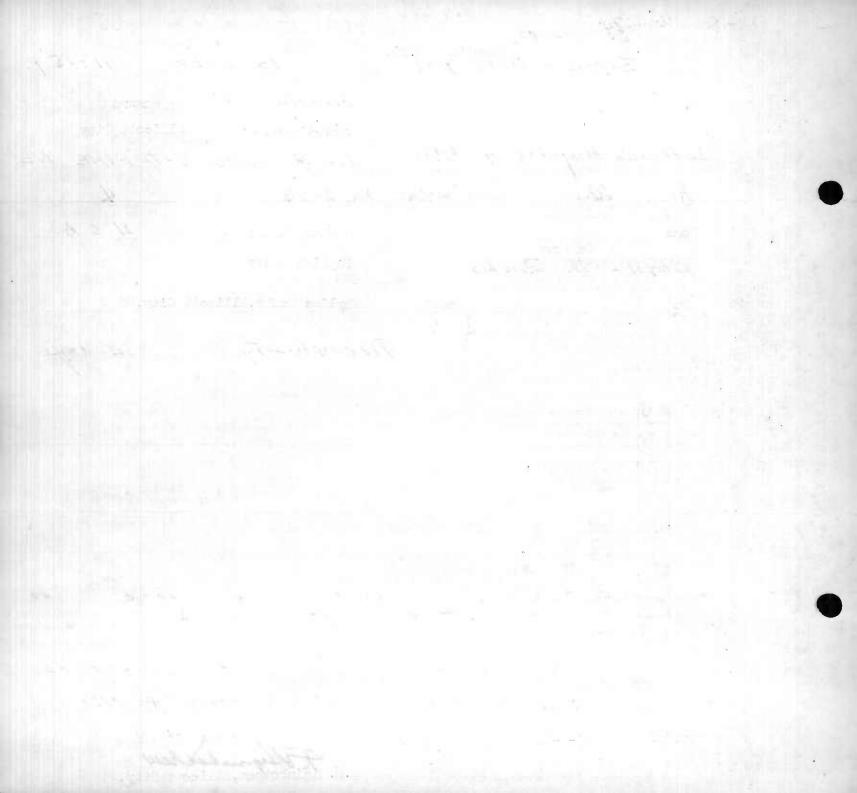
M.E. CASE NO.									
1. NAME OF DE	CEASED					D HOUR PRONOU	NCED DEAD		
	JOHN J.	E	BUTLER		12-2	2-66		7:05 I	M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL R		deceosed lived. If	institution: resi	idence before odmi	sian)
EIIII NIAME OF	/IE NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		Maryland			6-0	>
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC		JIION, GIVE JIREEI	C. CITY OR	TOWN (If outsid	le corporote limits,	write RURAL o	ond give township)	
					Baltimore				
402	Maderia St.			D. STREET	ADDRESS (If rurol,				
00					402 Mader	ria St.			
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF		9. AGE (In year	ors If Unde	e 1 Yr. If Under 24	Hrs.
M	W	WIDOWED,	DIVORCED (specify)			lost birthdoyl	Months	Days Hours A	Ain.
		Marri			29/1919	47			
	CUPATION (Give kind of working life, even if retired)	KTOB. KIND OI	BUSINESS OR INDUSTR	YII. BIRTHPLA	CE (State or foreig	gn counliy)	12. CITIZ	ZEN OF AT COUNTRY?	
Ret				Balt:	imore Md.				
13. FATHER'S NA	ME			14. MOTHER	S MAIDEN NAM	E			
	John But	ler			Anna				
15. WAS DECEAS	ED EVER IN U.S. ARME		16, SOCIAL	17. INFORMA			ADDRES	S	
	n) (If yes, give war or dat		SECURITY NO.						
yes	WW2		212-20-4975	Mrs.	Lily F.	Butler 40	2 N. M	laderia St	.31
VIB.	01.			OF DEATH				INTERVAL BETW	EEN
5105	/							ONSET AND DE	410
DIZE	ASE OR CONDITION D LEADING TO DEAT	RECILY	Cor	pulmona	le				
(This does	not mean the mode a	dying, e.g.,	DUE TO						0000000
injury or c	not mean the mode a e, asthenio, etc. It mean amplication which coused	deoth.	Puln	onary t	uberculos	sis			
					nced, act			1 4-1	
	ANTECEDENT CAUSI		(B)	(aave	moed, act	)			
	OR CONDITIONS, IF . HE ABOVE CAUSE (A) S		DUE TO						
UNDERLY	ING CONDITION LAST.								
2			(C)						
JT.	R								
OTHER SI	GNIFICANT CONDITIONS DEATH BUT NOT R								
E DISEASE	OR CONDITION CAUSIN								
OFFE SI DISEASE OTHER S			WHICH OPERATION	20 A. AUT	OPSY? (Yes at No)	20 B. IF YES, WER			
0	WAS PE	RFORMED			No	IN CERTIFIING C	A0323 OI D	LOTH:	
21 A, EXTERN UNDERLYING UTING CA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21	C. WHERE DID	(If in Boltimore City	, give exact	locotion)	
O UTING CA	USE OF DEATH.	home etc.)	e, form, foctory, street,	office bldg., IN	JURY OCCUR?				
3					- 11-11-11-11-11-1				
OF INJURY	(Month) (Day) (Ye	or) (Haur) 2	TE. INJURY OCCURRED	21	F. HOW DID INJ	URI OCCUR!			
(APPROX.)		m.	WHILE AT NOT	WHILE VORK					
22.									
l ce	ertify that I held an	Inquiry	Inspection X Au	itapsy	and that an th	is basis, death	in my apinio	on	
res	ulted fram: Natural co	uses A	Accident Suicio	de Ha	micide	Undetermined me	nner		
	no 1			CHIE	F MEDICAL E	XAMINER			
ACTU	AL ( L)	2 0			T MEDICAL E			DATE SIGNE	.D
SIGNA		3	M. C.					12-3-6	6
	(Turn) Charle	as S. So	ringate, M.D.	ASSOCIAT	E MEDICAL E	XAMINEK		12-5-0	0
23A, BURIAL CE			C. NAME OF CEMETERY		y 23D.	LOCATION (	City, tawn, or	county) (Stot	e)
REMOVAL (Spec		20	O. HAINE OF CEMIETER	OI CKEWIAIOI				,	
Burial	Dec.7	/66	Balto. Natio	nal Cer	n.	Balto.	Md.		
24A. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR		INERAL DIRECTO			ADDRESS	
r	DEC 7 1966	00 F	E. Farley MA	PI	Via Me	aund.	2024	Orleans S	t.
l	1500	Morral	C, UCOCCO M	11	uyo ste	wy com	/		
VS 151-REV. 1/	1/65		4	U	4 4	11			L



13/1/41 Robert at aloucar BUN SECURES HUSPITAL JOSE A. PALANCAR

-		
/	-2	00
	O T O	9 4
	ata	+ 2
	0 0	- S
	B 0 0	0 :
	Pot i	o ±
	S	0 0
	Se Se	0 0
	- 5 %	Po
	S	0
	-E 00 E	+ 5
	D.E 0	0.2
	9 + 7	F 0 0
	7.0 =	300
	O + E	B S E
	0 0 0	Sid
	上いた	- 20 -
	0 - 0	·= @ .º
	500	Si
	+ 5	(except where the physician who pronounced death was in regular and (6) No physician was in regular attendance on the deceased prioptained before the remains are embalmed or final disposition is made.
-	- 54	+ 35
FUNERAL DIRECTOR: IMPORTANT	E -0 -	부디
4	D 0 0	0 0
	k is	PUL
8	Z - >	70 5
0	9.2	000
-	+0+	0 0
2	150	10
	0 4 5	5 6 5
ند	P	0 10
<u>~</u>	in ou	O S E
2	Ein	0 0 0
2	DEA	400
ш	XX C	> _ 5
~	= 00	2.1
	S;	Si Si
_	P.Y.E	Sic W
4	e de	2 - 6
~	"E	00
ш	0 0	9.04
Z	F . 8	The state
)	9	4
1	= 5	7
	1 0 %	200
	9 9 7	3 0
	Post	= 0 E
	7 5	0 0 0
	5 6 >	br x
	9+ 1	0 0
	0 2 +	= 20
	97	+ ± +
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death() shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	60
	d d	OBE
	E	- 우=
	9 2 0	0 ->
	as a	P.O. S
	No 3 4	700
	EXE	00
	P	Se L
	bo d	0 0
	e is	as rit
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	,	

11 v 66 19940	BALTIMORE CIT	Y HEALTH DEPARTMENT	1/	
BIRTH NO. 66-26081	CERTIFICA	ATE OF DEATH	Registered No	66 12240
NAME OF DECEASED	711 2/1-	2. DATE AN	ID HOUR OF DEATH	
ype or Printly Tach =	Baby 912		-6-66	11-150
PLACE OF DEATH IN BALTIMORE, MARYLA	ND TO	4. USUAL RESIDENCE (Whe	re deceased lived, If in	stitution: residence before admission
		A. STATE B. COUN	-9	0
FULL NAME OF (If not in haspital or ins HOSPITAL OR address or location)	titutian, give street	C. CITY OR TOWN (If au	Caido citu limite suito f	Howard ()
INSTITUTION		Au .		. /
40		D. STREET ADDRESS (IF	rural, give lacation)	icott City 63-0
Lutheran Hospital	of MO.	310 A. B.	alto. NA	TI DIEZ NA
SEX   6. RACE   7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
I (1) "	Morrow Morros ad		last birthday)	Manths Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108.	Never Married KIND OF BUSINESS OR INDUSTR	12-3-66. Y 11. BIRTHPLACE (State or fore	an cauntry)	12. CITIZEN OF
ane during mast of working life, even if retired)			4	WHAT COUNTRY?
None		MARULAN  14. MOTHER'S MAIDEN NA	d ,	4.S.A.
3. FATHER'S NAME Unknown				
4517000000000000000000000000000000000000		Phyliss Zack	S	
o. Was Deceased Ever in U. S. Armed Farces? es.na ar unknown) (If yes. give war ar dates of	1 6. SOCIAL SECURITY NO.	17. INFORMANT	· P f Turn	ADDRESS
No	None	Phyliss Zacks	Ellicott Ci	tv.Md
18.		OF DEATH	,	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTL		En Ethan Market		ONSET AND DEATH
LEADING TO DEATH		Drematurit	<u></u>	1 dove
(This daes not mean the made of dyin heart failure, asthenia, etc. It means the	g, e.g.,			
injury ar camplication which coused deal				
ANTECEDENT CAUSES	(B)		**********	
DISEASES OR CONDITIONS, if any,				
rise to the above couse (A) stati	ng Ihe (C)			
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ED		IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If in Baltimare	City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	etc.)	affice bldg., INJURY OCCUR?		
D 21 D. TIME (Month) (Day) (Year) (Ha	our) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Wh	iile 🗀		
(APPROX.)	Work At Work	k L		
22. I certify that (I) (this hospital) att	ended the deceased from	12 -3	1966 to 1-	2-6 1966
that (I) (we) last saw the deceased al	ive an 12-6	19 66 and th	at in (my) (aur) api	nian death accurred an the d
and haur and from the causes stated a	bave. (1) (Wa) (did) (did not)	view the body after death.	-/	
23A. SIGNATURE			1	23 B, DATE SIGNED
922	KIN M.DJ A	ttending Med. Director	Staff Phys.	12-6-66
23C. PHYSICIAN'S		23D. ADDRESS		14 0 00
NAME (Type)	ED WINN M.D	luch	11-0	-0 110
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF C	PEMATORY 200	OCATION (Ci	ty, town, or county) (State)
REMOVAL (Specify)	240-14-44 OF CEMETERS OF C	240. 6	CANON /	ir, idwii, di codiity) (State)
Burial 12-7-1966	Good Shepherd		llicott City	
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	Land he	ADDRESS
DFC 8 1966 (P.)	2. F. E. Sailer M.D.	F.C. Higinboth	om, Ellicott	Cities Md
'S 150-REV. 1/1/65				OLGY , MA

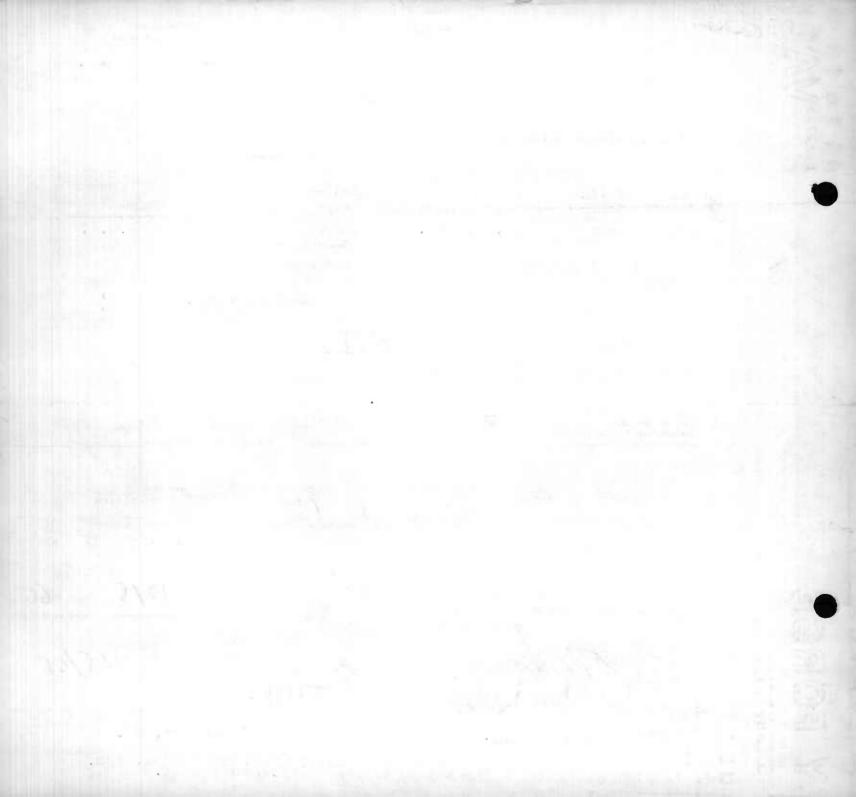


IMPORTANT

**DIRECTOR:** 

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



00 40040	BALTIMORE C	CITY HEALTH DEPARTMENT	66 12242
BIRTH NO. 66 12242	CERTIFIC	CATE OF DEATH Registered N	la. OO IÇÇE
M.E. CASE NO.		2. DATE AND HOUR OF DEA	TH
(Type or Print) Mamie Eliz	abeth Johnson		
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND .	4. USUAL RESIDENCE (Where deceosed fived. A. STATE B. COUNTY	If institution: residence before admission
			17002
FULL NAME OF (If not in hospital or ins	titution, grve street	Maryland	1 /- 0 /
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, wr	
8		D. STREET ADDRESS (If rigrol, give logotion)	
University of Manyland H	ospital		
		725 George Street	apr3A
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min,
	IDOWED, DIVORCED (specify)		Months Doys Hours Min,
102. USUAL OCCUPATION (Give kind of work 108. H	CIND OF BISINESS OF INDIES	TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
lone during most of working life, even if retired)	MAD OF BOSINESS OR INDOS		WHAT COUNTRY?
Pomestic		Annapolis Md	U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
not known Horace		not known Mary	
		Mol MAOWN	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of s	Service) 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Mr Eugene White 3019	H. danger Here
18. 4 7 4 1/ 1	notknown	OF DEATH	idge2ood Ave
1 / / X		OF DEATH	ONSET AND DEATH
DISÉASE OR CONDITION DIRECTL		1 1	
(This does not mean the mode of dying	(A)	Oremia	unknown
heart failure, asthenia, etc. It means the c	disease,		
injury ar complication which caused death	1.)	and a land	
ANTECEDENT CAUSES	(8)	reteral obstruction	unknown
DISEASES OR CONDITIONS, if any,	aivina		
rise to the abave cause (A) statis	ng the (C) Ca	reinomate Cervix Treated by	20yr.
UNDERLYING CONDITION last.		irradiction	0
11			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE		
19A. DATE OF OPERATION 198, CONDITION	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WE	RE FINDINGS CONSIDERED
1/15-166 12/2/66 WAS PERFORM	Time Criston and	IN CERTIFYING	CAUSES OF DEATH?
O 21 A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.	g., in or obout 21 C. WHERE DID (If in Bolfin	more City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street,	office bldg., INJURY OCCUR?	,, 5
O			
21D. TIME (Month) (Doy) (Year) (Hor	ur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		Vhile T	
22. I certify that ( (this hospital) atte			December 4 19 66
that (V(we) last saw the deceased ali	ve an December 5	19 66 and that in (my) (aur)	apinian death accurred an the dr
and haur and fram the causes stated at			
23A. SIGNATURE	die (i) (iie) (ala) (ala hai	i, view the bady after death.	d loop Days election
1 / /	1-1-	America - Mad - Com -	23 B. DATE SIGNED
asand 4 KM	a rely M.D.	Attending Med. Stoff Phys.	12/4/66
23C. PHYSICIAN'S		23 D. ADDRESS	11/
NAME (Type)	1 C. +- M	D 1/1011 11-16 7	3.1.4
Pavid A. S	hatriz	010110 1403/20	Jall- Md
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or	CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
	Subseign Man T	Table Daltimore 1	Md
Burial 12/10/66 5A. DATE REC'D SY HEALTH DEPT 258. I	Arbutus Mem I	25C FILMERAL DIRECTOR	Md W Nershi Ave
DEC 8 1986 10	O By C I To D.	The state of the s	206 W NOTERS AVE
0200 1000	CRIN C' Marken MI	Adolphus Halstead 1	
'S 150-REV. 1/1/65			

Dannesta

Allounouth

1000

liornes

Mr Annua Witt

NA TOWN DEEM

chian and military

SO DE SI

Deffett

Danderfell and other

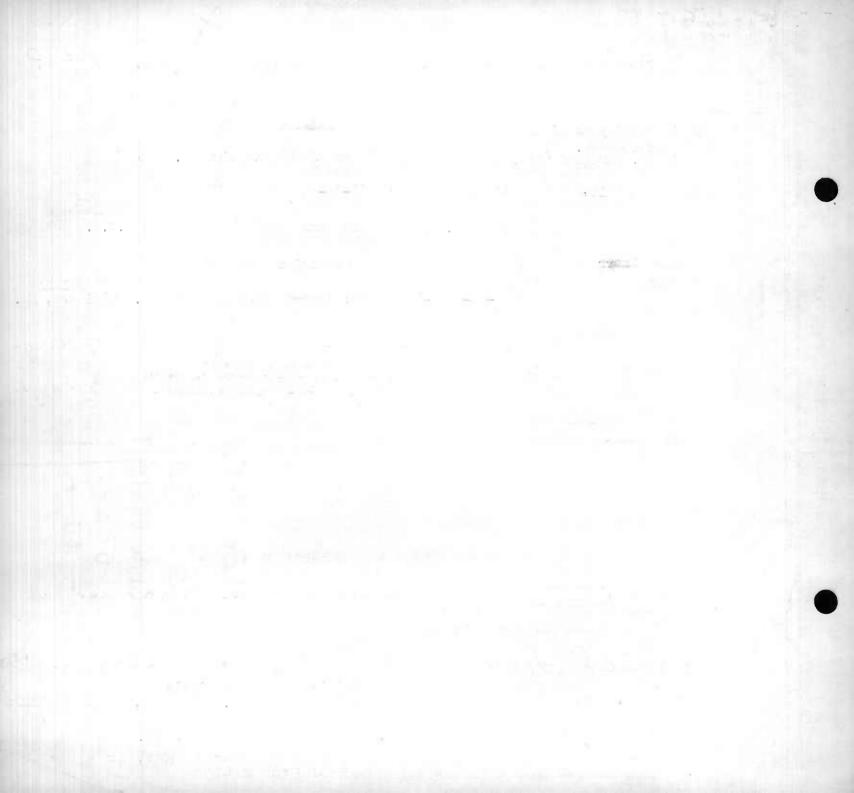
Margaret Schubert Cardiac Hortzythmia 40 km Circleton Cotteger 40 has Pedget's Owense 16 years Engly A found

Carcenson of return ? I speak dealer a standard of the speak of the sp

20 12 - 11 2 - 29 66

Daniel C. Habrora 1620HeELDEREY ST. BALT. HIS

M.E. CASE NO.  I. NAME OF DE (Type or Print)		ANNETTE H. FC	DRREST	2. DATE AND HOUR PRO December 3		4:15
3. PLACE IN BA	TIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESI	DENCE (Where deceased live	ed. If institution: resid B. COUNTY	ence before o
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STRI CATION)	C. CITT OR IC	Maryland DWN (If outside corporate lin Baltimore	9-01	d give tawns
() () 3304	Elmley Ave	nue	D. STREET AD	DRESS (If rural, give lacation		
5. SEX Female	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify divorced		lost birtho	In years If Under	1 Yr. If Unde Doys Hours
toA. USUAL OCC done during mast a Housew	CUPATION (Give kind of working life, even if retire ife	wark TOB. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACI	(State ar foreign cauntry)  more, Md.	12. CITIZE	N OF COUNTRY?
13. FATHER'S NA	James El	leder		MAIDEN NAME Lrie (unknown	n )	11 H
	ED EVER IN U.S. ARM		17. INFORMANT		ADDRESS	
(This does	ASE OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. tt me	ATH (A) Ar	cause of DEATH	ic cardiovascul	lar disease	
(This daes hear failur injury ar c DISEASES RISE TO T UNDERLY	LEADING TO DEA not mean the mode e, asthenia, etc. It me omplication which cous ANTECEDENT CAL OR CONDITIONS, I HE ABOVE CAUSE (A ING CONDITION LAS	of dying e.g., put to disease, ed death.)  USES  F ANY, GIVING DUE TO DU	teriosclerot	ic cardiovascul	lar disease	
CHIS does heart failur injury ar continuity ar continuity ar continuity ar continuity ar continuity are continu	LEADING TO DEA  not mean the mode e, asthenia, etc. It me omplication which cous  ANTECEDENT CAL  OR CONDITIONS, I HE ABOVE CAUSE (A ING CONDITION LA:  III GNIFICANT CONDITIO DEATH BUT NOT OR CONDITION CAUS	ATH  of dying e.g., rans the disease, ed death.)  UE TO  U	rteriosclerot			ONSET AND
OTHER SIT TO THE DISEASE OF THE DISE	LEADING TO DEA  not mean the mode e, asthenia, etc. It me omplication which cous  ANTECEDENT CAL  OR CONDITIONS, I HE ABOVE CAUSE (A ING CONDITION LA:  II GNIFICANT CONDITIO DEATH BUT NOT DR CONDITION CAUS OF OPERATION 198, C	ATH  of dying e.g., rans the disease, ed death.)  USES  F ANY, GIVING DUE TO  STATING THE  ST.  (C)  NS CONTRIBUTING RELATED TO THE	teriosclerot	5Y? (Yes ar Na) 20B, IF YES,		ONSET AND
CITIES does heard failur injury or continuity or continuit	LEADING TO DEA  not mean the mode e, asthenia, etc. It me omplication which cous  ANTECEDENT CAL  OR CONDITIONS, I HE ABOVE CAUSE (A ING CONDITION LA:  II GNIFICANT CONDITIO DEATH BUT NOT DR CONDITION CAUS OF OPERATION 198, C	ATH  of dying e.g., rans the disease, ed death.)  USES  F ANY, GIVING ) STATING THE  ST.  (C)  (C)  OND ITON FOR WHICH OPERATION PERFORMED  [18, PLACE OF INJUE	o 20A. AUTOP:	SY? (Yes ar Na) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CO	ONSET AND
OTHER SITO THE DISEASE OF INJURY CAPPROX.	LEADING TO DEA  not mean the mode e, asthenia, etc. it me omplication which cous  ANTECEDENT CAL  OR CONDITIONS, I HE ABOVE CAUSE (A ING CONDITION LA:  GNIFICANT CONDITION DEATH BUT NOT DR CONDITION CAUS OF OPERATION 198. C WAS  AL CAUSE WAS  LOR CONTRIB- USE OF DEATH.	ATH  of dying e.g., rans the disease, ed death.)  JSES  F ANY, GIVING DUE TO  STATING THE  ST.  (C)  NS CONTRIBUTING RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJUE hame, farm, factory,	O  20A. AUTOP: No RY (e.g., in or obout 21C. street, affice bldg., INJU	SY? (Yes ar Na) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS C NG CAUSES OF DEA e City, give exact lo	ONSET AND
OTHER SITO THE DISEASE OF INJURY (APPROX.)  (This does hear foiluring or call the control of the call	LEADING TO DEA not mean the mode of countries of the mode of the m	ATH  of dying e.g., rans the disease, ed death.)  USES  F ANY, GIVING ) STATING THE  ST.  ONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJUE home, farm, factory, etc.)  Year) (Hour) 21E. INJURY OCC WHILE AT  Inquiry  Inspection X	TTERIOSCIEROT  ON 20A. AUTOP:  NO RY (e.g., in or obau! 21C. street, affice bldg., INJU  URRED 21F. I  NOT WHILE 21F. I  AT WORK 2	SY? (Yes at Na) 20B, IF YES, IN CERTIFYIN WHERE DID (If in Baltimare RY OCCUR?	WERE FINDINGS CONG CAUSES OF DE, e City, give exact lo	ONSIDERED ATH?
CTHER SINGLE TO THE CONTROL OF THE C	AL CAUSE WAS  AL CAUSE WAS  AL CAUSE WAS  (Manth) (Day) ('Trify that I held an ulted fram: Natural  AL  TURE  ANTECEDENT CAL  OR CONDITIONS, I HE ABOVE CAUSE (A ING CONDITION LAX  III  GNIFICANT CONDITION DEATH BUT NOT DEATH BUT NOT OF CONDITION CAUS WAS  AL CAUSE WAS  (Manth) (Day) ('Control  OR CONTRIB- USE OF DEATH.	ATH  of dying e.g., red death.)  JSES  F ANY, GIVING ) STATING THE  ST.  OC.  NS CONTRIBUTING RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION PERFORMED  21B. PLACE OF INJUR home, form, foctory, etc.)  Year) (Hour) 21E. INJURY OCC  WHILE AT  Inquiry Inspection X  causes X  Accident	Tteriosclerot  ON 20A. AUTOP: NO RY (e.g., in or obout 21C, street, affice bldg., INJU  URRED 21F. 1  NOT WHILE AT WORK  Autopsy	WHERE DID (If in Baltimare RY OCCUR?  HOW DID INJURY OCCUR?  and that an this basis, decide Undetermine MEDICAL EXAMINER	WERE FINDINGS CANG CAUSES OF DEA	ONSIDERED ATH?
CTUNDERLY OF THE COLOR OF THE C	AL CAUSE WAS CONDITION CAUSE OF DEATH.  (Manth) (Day) (Triffy that I held an ulted fram: Natural LURE (Type)	ATH  of dying e.g., red death.)  JSES  F ANY, GIVING ) STATING THE  ST.  OC.)  NS CONTRIBUTING RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJUR hame, farm, factory, etc.)  Year) (Hour) 21E. INJURY OCC  WHILE AT Inquiry Inspection X causes X Accident  1es S. Springate,	Tteriosclerot  ON 20A. AUTOP: NO RY (e.g., in or obout 21C, street, affice bldg., INJU  URRED 21F. 1  NOT WHILE AT WORK  Autopsy	WHERE DID (If in Baltimare RY OCCUR?  HOW DID INJURY OCCUR?  and that an this basis, decide Undetermine MEDICAL EXAMINER	WERE FINDINGS CANG CAUSES OF DEA	DATE SIG



		BALTIMORE CIT	Y HEALTH DEPARTMENT	CC 1001m
BIRTH NO.	66 1224	CERTIFICA	TE OF DEATH Registered	No. 66 12247
M.E. CASE NO.			2, DATE AND HOUR OF DE	ATH
(Type or Print)	SCHM	Itt, me.	JOHN 12-5-6	G 11:30A
3. PLACE OF DEA	TH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased lived. A, STATE 8, COUNTY	
FILL NAME O	e di cario bondial ca	turalistation and a second		2 ^
FULL NAME O HOSPITAL OR INSTITUTION	oddress or location)	institution, give street	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
1 No	was of som	res Hospital	BALTIM	/ A /
35100		adurely	D. STREET ADDRESS (If rural, give location	
130	aldioner	e, md.	432 N. LIN	WOOD AUE.
S. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
male	white	married .	7-30-89 77	
		B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE 1State of foreign country)	12, CITIZEN OF WHAT COUNTRY?
Salesmar	working life, even if retired)	H.B.Davis & Co.	maryland	America
13. FATHER'S NAM		II.B.Davis & Co.	14. MOTHER'S MAIDEN NAME	
m	CHAEL	Ca man 1+1	MARGARE	+ SOHATA
			17. INFORMANT	ADDRESS
(Yes, no or unknown)	(If yes, give war or dates	of service) SECURITY NO.		and the second
yes	Army WW 1	215-01-0676	OATherme SCHM	ITT (W) EINWOOD
18. 45	/ X I	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIRE	CTLY	( 0 00 0) C. T.	1 =
	LEADING TO DEATH	(A) PL	ephned aboll. Coute, Ly-	15, Leur
heart failure,	at mean the made of d asthenia, etc. It means It	ne disease,	N. T. C.	
	plication which caused d		Aleros clusios, corta	whom
-	ANTECEDENT CAUSES	(B) DUE TO		
	R CONDITIONS, if an above cause (A) s			
	CONDITION last.	taling The (C)		
	11			
O OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING	Scheris E Old Myocarda	ONG D
DISEASE OR	EATH BUT NOT RELATI CONDITION CAUSING IT.	toraneury		infugia uninous
19A. DATE OF	OPERATION 198. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY (Yes or No) 20B. IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
FR S				yes
OR CONTRIBU	TING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID (If in Bo office bldg., INJURY OCCUR?	Itimole City, give exact location)
DEATH (notify	medical examiner	etc.)		
OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)		While At Not Whi		
22 Leastify	that (1) (this basnital)	ottended the deceased from	Dec- 4 1966 to	Dec 5 1966
			19 66 and that in (my) (our	
				apprior death occurred an the ac
23A. SIGNATU		d above. (I) (We) (did) (did not)	view the body after death.	23B, DATE SIGNED
23A. 3IGN AT 0	n n.n.	A L M.D. AT	tending Med. Stoff	12-5-66
	Rodlew	M. Jun Ph	ys. Director Phys.	12-0-6-
23C. PHYSICIA	N'S ype)	1, 1,	23D. ADDRESS	Marie Constitution of the
	Kodelio	M. Lan M.D.	Church Mare 70	any.
24A. BURIAL CREA	MATION, 248. DATE	24C. NAME of CEMETERY or CE	REMATORY 24D. LOCATION	(City, town, or county) (State)
Buria		Holy Redeemer	Cometery Baltimore	e, Md.
2SA. DATE REC'D	BY HEALTH DEPT. 2	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	DEC 8 1966		Schimunek Funeral	Home, Inc.
			TO JUST TO LOUIS JUST	4.0

Apricably some of the spire and the spire of the spire of

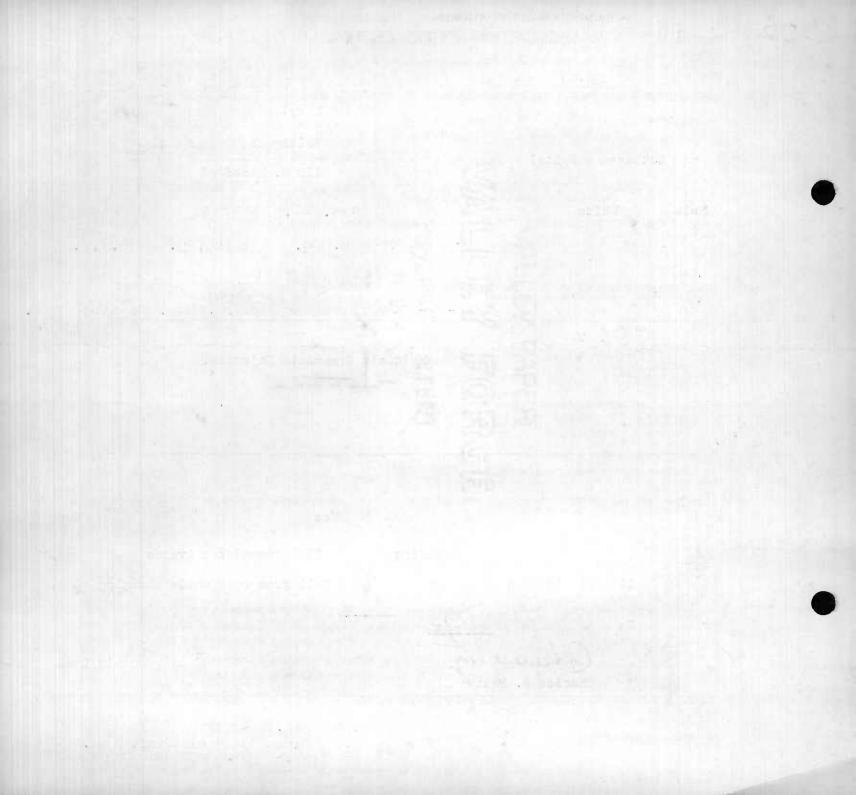
22 - 220

VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.66 12248 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.66 12248

DIKI	n No.	MILUI	ICAL LAAMII ALK 5 C	EKTITICATE OF DEATH ASSESS	
M. E	CASE NO.				
1. N	e or Print)			2. DATE AND HOUR PRONOUNC	
/		ANDREW	Louis LANG	December 2, 1966	
			HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE Maryland	
HO:	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside corporate limits, write Baltimore	RURAL ond give township)
4	6 Luti	heran Hospita	al	D. STREET ADDRESS (If rurol, give locotion)  110 N. Montford	
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
M	[ale	White	Married Married	Jan. 27, 1907 59	
			10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ainter	vorking life, even il retired)	Donnelly Outdoor	Adv. Co. Balto.Md.	U.S.A.
13. F	ATHER'S NAM	E		14. MOTHER'S MAIDEN NAME	0.0
L	ouis L	ang		Mary Everist	
		DEVER IN U.S. ARMED		17. INFORMANT	ADDRESS 424
(Tes	no or unknown	(II yes, give wor or dote	212-07-1529	(nee Jackson) "lorence Lang, 110 N.	Montford Ave.
	1B. —			E OF DEATH	INTERVAL BETWEEN
CERTIFICATION	(This does in heart foilure, in jury or con A DISEASES (RISE TO THUN DERLYIN)  OTHER SIGN TO THE DISEASE OF	SE OR CONDITION DILLEADING TO DEATH tot meon the mode of ostherio, etc. It meons the mode of the mode	dying e.g., the disease, death.)  S NNY, GIVING TATING THE  CONTRIBUTING LATED TO THE	ple Traumatic Injuries.	ONSET AND DEATH
	2	WAS PER		Yes Yes or No. 208. IF YES, WERE FI	SES OF DEATH? Yes
MEDIC	UNDERLYING	L CAUSE WAS  ROR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeor	Building  (Hour) 21E. INJURY OCCURRED  WHILE AT TEXT NOT	in or obout 21C. WHERE DID (If in Boltimore City, giolice bldg., INJURY OCCUR?  2117 Edmonds ton Aven 21F. HOW DID INJURY OCCUR?  WHILE Fell from roof while	ue
		ER'S Charles	nquiry Inspection Au uses Accident Suici	and that an this basis, death In n	
REA	BURIAL CREATOVAL (Specify	MATION, 23B. DATE	23C. NAME of CEMETERY		, town, or county) (Stote)
	urial . DATE REC'D	BEECT B DEPT 1961	766 Moreland Mo 249 NAME OF REGISTRAR Called E. Fallenk	24C. FUNERAL DIRECTOR	ome, Inc.



VS 150-REV. 1/1/65

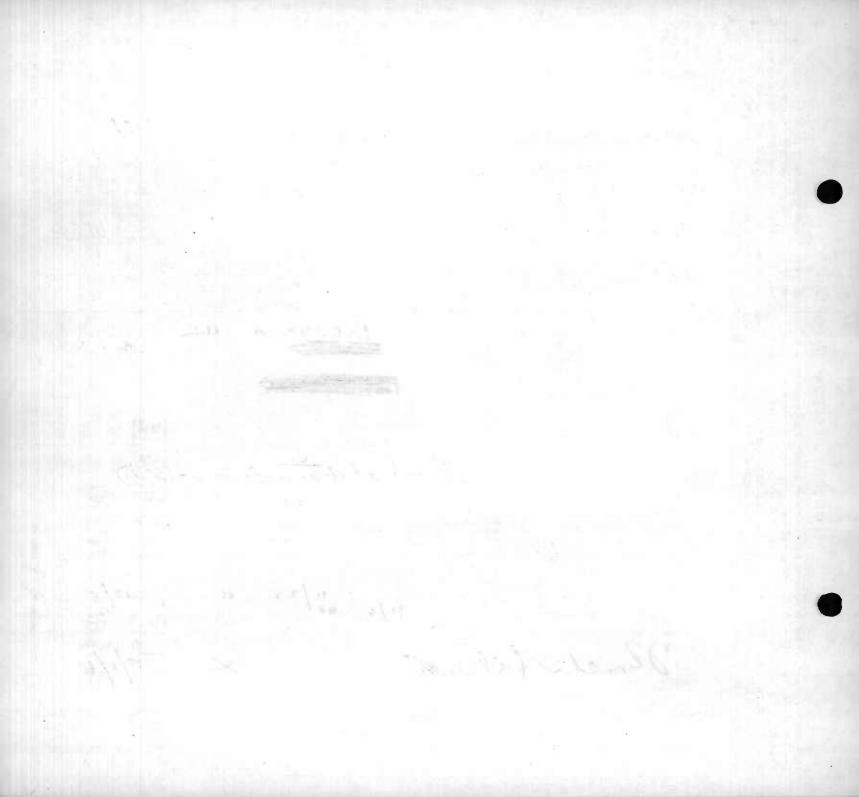
Such

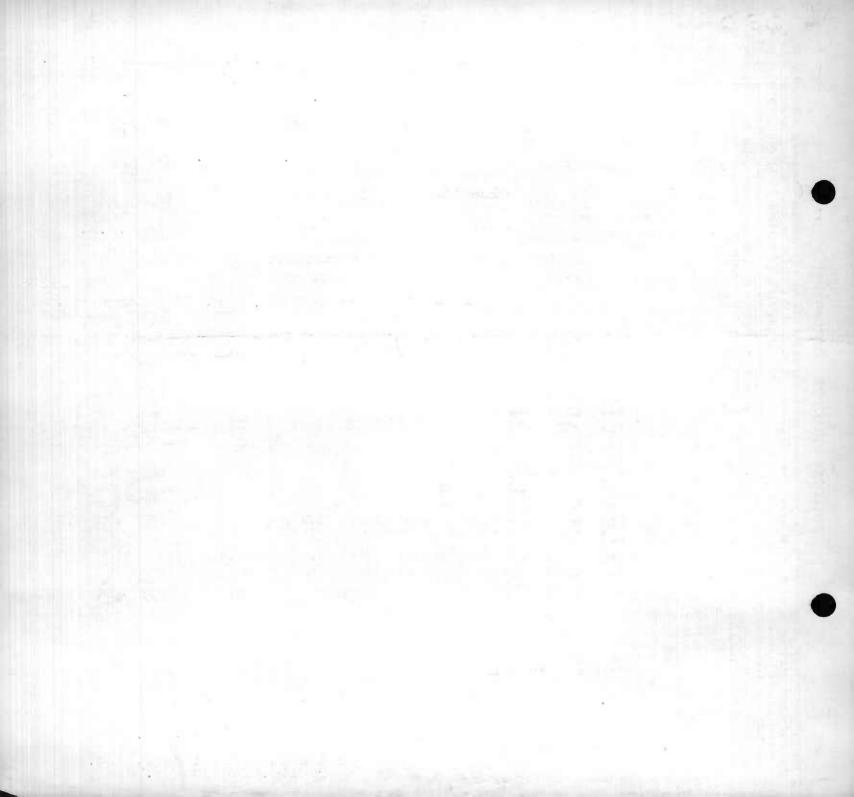
66	1	0	3	A	q	
		Leg	Transp.	JI.	1	

BALTIMORE CITY HEALTH DEPARTMENT

dogin

M.E. CASE NO.	CLKIIIICAI	E OF DEATH	Registered No.	00 1663
1. NAME OF DECEASED			D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			-6-66 e deceosed lived. If insti	tution: residence before odmission)
FULL NAME OF (If not in hospital or institution, given the control of the control	ve street	C. CITY OR TOWN III out	side city limits, write RU	RAL and give township)
IMARYLAND GENERAL	Hospital	D. STREET ADDRESS ()I	MORE (give location)	-01
0		2915	- Let	N AUR
	DIVORCED (specify)		ost birthdoy)	Of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B	SUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF
done during most of working life, even if retired)  REFIRED  Hec		Baltimore,		WHAT COUNTRY?
TACKSON C. PA	a Lett "	4. MOTHER'S MAIDEN NAM	. Gager	SEKENDOK SEK
15. Was Deceased Ever in U. S. Armed Forces?		7. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	213-10-9523	Mrs. Bertha	ter 2	915 ERDMAN AV
1B. 4 7 X I	CAUSE OF	10	7 4 7	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-4	PNEUMONIA	- 4	01101
(This daes not mean the mode of dying, e.g.,	DUE TO		***************************************	wont 10 days
heart foilure, osthenio, etc. 11 meons the diseose, injury ar camplication which caused death.)	1			
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if any, giving				
rise to the above couse (A) stating the	(C)		10 80 male a on on on on on open open open open open	
	(C)			
rise to the above couse (A) stating the UNDERLYING CONDITION tast.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Leneral ye	of arteriocal	Perox - AS	QVD
rise to the above couse (A) stating the UNDERLYING CONDITION tast.	Leneralye	daterosel  20A. AUTOPSY? (Yes or No)	208. JF YES, WERE FIN	IDINGS CONSIDERED
rise to the above couse (A) stating the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. P	Leneralye	or obout 21 C. WHERE DID	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
rise to the above couse (A) stating the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E, III	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Bo)timore	ES OF DEATH?
TISE 1a The above couse (A) stating the UNDERLYING CONDITION last.      OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E, II While (ADDOX)	January of the Lace of Injury (e.g., in form, foctory, street, office of the Not While	or obout 21C. WHERE DID INJURY OCCUR?	(If in Bo)timore	ES OF DEATH?
TISE IN THE ABOVE COUSE (A) STATING THE UNDERLYING CONDITION INST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED	LACE OF INJURY (e.g., in form, foctory, street, office)  NJURY OCCURRED  At   Not While   At Work	or obout 21 C. WHERE DID to bldg., INJURY OCCUR?	(If in Boltimore C	ES OF DEATH?
TISE 1a The above couse (A) stating the UNDERLYING CONDITION last.      OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E, II While CAUSE OF DEATH (NOTIFY MONTH) (Month) (Doy) (Year) (Hour) 21E, II While CAUSE OF DEATH (NOTIFY MONTH) (MONTH) (DOY) (Year) (Hour) 21E, II While CAUSE OF DEATH (NOTIFY MONTH) (MONTH) (DOY) (Year) (Hour) 21E, II While CAUSE OF DEATH (NOTIFY MONTH) (MONTH) (DOY) (Year) (Hour) 21E, II While CAUSE OF DEATH (NOTIFY MONTH) (MONTH) (DOY) (Year) (Hour) 21E, II While CAUSE OF DEATH (NOTIFY MONTH) (MONTH) (M	Jonardyo HICH OPERATION  LACE OF INJURY (e.g., in office office office)  NJURY OCCURRED  At Mork  deceosed from	or obout 21C. WHERE DID INJURY OCCUR?	(If in Bo)timore C	Es OF DEATH?  City, give exact location)
TISE 1a The above couse (A) stating the UNDERLYING CONDITION last.      OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   DOWN (Hour) 21E. If While Work (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. If While Work (APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on and hour and from the couses stated above. (I)	January Occurred  Al Not While At Work  deceosed from	21F. HOW DID INJU	(If in Bo)timore C	ES OF DEATH?  City, give exact locotion)
TISE 1a The above couse (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended the that (1) (we) lost sow the deceased alive on	HICH OPERATION  LACE OF INJURY (e.g., in form, foctory, street, office of the company of the com	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY On the body ofter deoth.	IN CERTIFYING CAUS  (If in Bohimore Court)  JRY OCCUR?  9 6 7 10 11 in (my) (our) opinion [2]	Es OF DEATH?  City, give exact location)
rise to the above couse (A) stating the UNDERLYING CONDITION tost.	HICH OPERATION  LACE OF INJURY (e.g., in office office office)  NJURY OCCURRED  At Work  deceosed from  (We) (did) (did not) view  Attence Phys.  Attence Phys.	or obout 21 C. WHERE DID the bidgs, INJURY OCCUR?  21F. HOW DID INJURY  19 6 ond the the body ofter deoth.	IN CERTIFYING CAUS  (If in Bohimore C  URY OCCUR?  9 6 10 10 11 11 11 11 11 11 11 11 11 11 11	ES OF DEATH?  City, give exact location)  19  20  21  21  21  22  23  24  25  26  27  27  28  29  20  20  20  20  20  20  20  20  20
TISE IN THE ABOVE COUSE (A) SINING THE UNDERLYING CONDITION INSTITUTE OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19 A. DATE OF OPERATION 198. CONDITION FOR WE WAS PERFORMED  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on and hour and from the couses stated above. (I)	HICH OPERATION  LACE OF INJURY (e.g., in office office office)  NJURY OCCURRED  At Work  deceosed from  (We) (did) (did not) view  Attence Phys.  Attence Phys.	21F. HOW DID INJU	IN CERTIFYING CAUS  (If in Bo)timore Court  URY OCCUR?  9	ES OF DEATH?  City, give exact location)  19 66  on death occurred on the date
TISE 10 THE above couse (A) stating the UNDERLYING CONDITION 10st.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Home, etc.)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, 11 While Work  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on ond hour and from the couses stated above. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	HICH OPERATION  LACE OF INJURY (e.g., in form, foctory, street, office of the latent o	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY On the own the body ofter deoth.  Med. Director D. ADDRESS	IN CERTIFYING CAUS  (If in Bohimore Court of the court of	ES OF DEATH?  City, give exact location)  19 66  on death occurred on the date
rise to the above couse (A) stating the UNDERLYING CONDITION tost.	HICH OPERATION  LACE OF INJURY (e.g., in form, foctory, street, office of the company of the com	or obout 21C. WHERE DID the bldg., INJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  1966 ond the the body ofter deoth.  Med. Director  D. ADDRESS	IN CERTIFYING CAUS  (If in Bohimore Court of the court of	ity, give exact location)  19 19 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18





IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY outside city limits, write RURAL ond If Under 1 Yr. If Under 24 Hrs. Months! Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED 25B. NAME OF 25A. DATE REC'D HEALTH DEPT.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

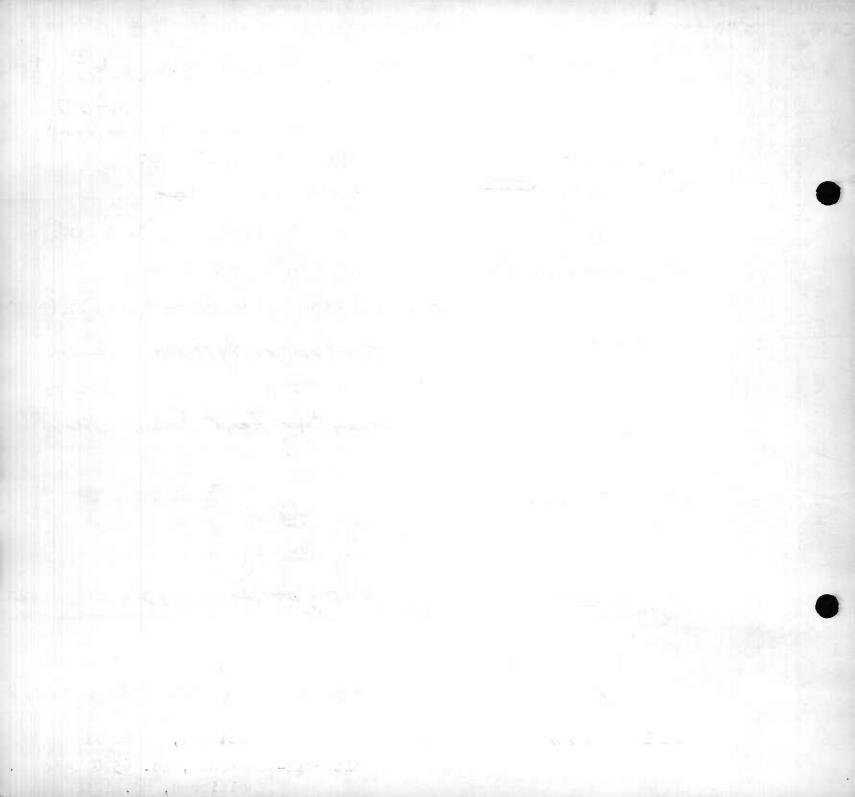
Course or Towards

Musica Serverine 900 minuses & their

IMPORTANT

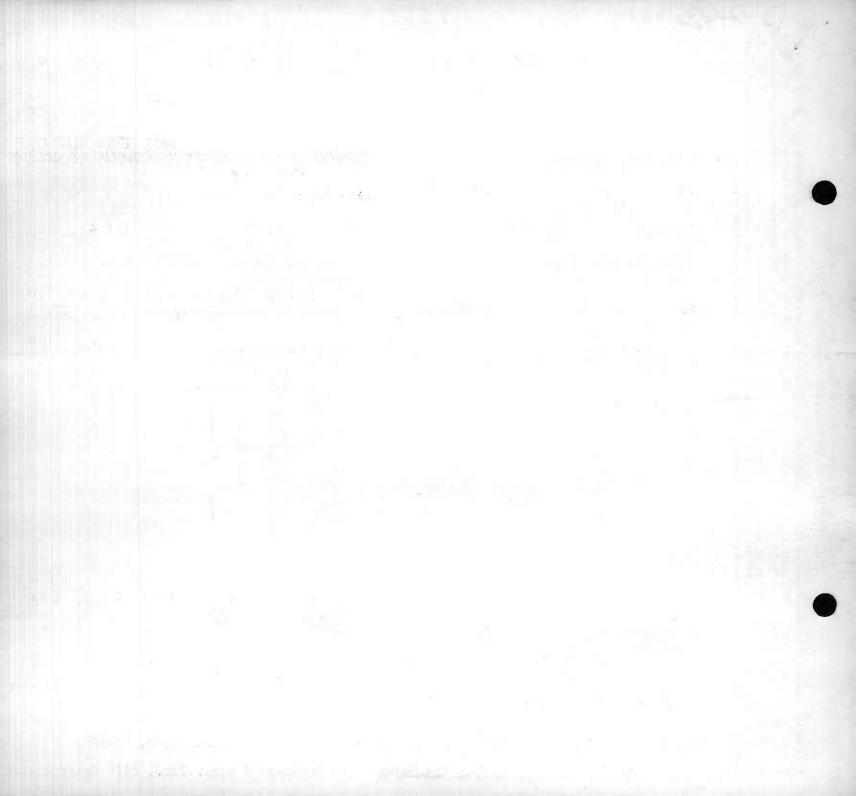
DIRECTOR:

FUNERAL



FUNERAL DIRECTOR: IMPORTANT

				Danistanad Na	
BIRTH NO.	66 12253	CERTIFIC	ATE OF DEATH	Registered No.	66 1225
M.E. CASE NO.	EASED		2. DATE AND	HOUR OF DEATH	
Type or Print)	Harold	MAN BACK	12-5	-66	7,30
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where d	eceosed lived. If institu	ition; residence before a
				etimore	
HOSPITAL OR	F (If not in hospital oddress or location	or institution, give street n)			
INSTITUTION			Baltimore D. STREET ADDRESS (If ruro	2	7-20
71			D. STREET ADDRESS (If ruro	l, give location) 390	3 SEVEN MILE
Levinde	le Aged Home		MANAMANAMANAMANAMAN	MAMMAMAMAM	MANAMAMAMAMA
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	f Under 1 Yr. If Unde
h	W	WIDOWED, DIVORCED (specify)	11-15-1894 1051	birthdoy!	onths Doys Hours
IOA. USUAL OCC	UPATION (Give kind of wor	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE (State or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?
done during most of	working life, even if retired)	upholstery	AUSTRIA		USA
Retire			14. MOTHER'S MAIDEN NAME		0374
	BERT Back		GISELLA		SFI
Yes, no or unknown	(If yes, give wor or dote	os of service) 1 6. SOCIAL SECURITY NO.	Mrs. Edith	Back 1/31	203 Soven
No		Unknown	MITS. Laurn		40
No 18.	OXI		OF DEATH		INTERVAL BETW
	SE OR CONDITION DI	RECTLY		4.	UNSET AND DE
471	LEADING TO DEATH	(A) B	roncho pneumon	ra	11 adys
	ial meon the made af asthenia, etc. Il means	the disease,			/
injury ar car	aplication which coused	deoth.)	Parkinson's 2	Disease	2 475.
injury ar car		(B) (B) DUE TO	Parkinson's 2	Disease	2 425.
DISEASES	aplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	any, giving	Parkinson's =		
DISEASES (	aplication which coused ANTECEDENT CAUSES	any, giving	Parkinson's E		
DISEASES (	nplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A)	any, giving			
DISEASES (ise to the UNDERLYIN	aplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) CONDITION last.	any, giving sloling the (C)			
DISEASES (ise to the UN DERLYIN)  OTHER SIGN TO THE DISEASE OR	ANTECEDENT CAUSES  OR CONDITIONS, if e abave couse (A) G CONDITION last.  II EFICANT FOUNDATIONS (CONDITIONS CONDITIONS CONDITION CAUSING	any, giving sloling the (C)			
DISEASES (ise to the UN DERLYIN)  OTHER SIGN TO THE DISEASE OR	ANTECEDENT CAUSES  OR CONDITIONS, if e abave couse (A) G CONDITION last.  II EFICANT FOUNDATIONS (CONDITIONS CONDITIONS CONDITION CAUSING	any, giving sloling the (C)	20 A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
DISEASES (rise la lh UNDERLYIN)  OTHER SIGN TO THE DISEASE OR  19A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) GONDITION last.  IIIICANT CONDITIONS (EATH BUT NOT REL) CONDITION CAUSING OPERATION 198. CONWAS PER	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No)	OB, IF YES, WERE FIN N CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
DISEASES (ise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A. DATE OF OR CONTRIBUTION OF	ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) GONDITION last.  II FICANT CONDITIONS (EATH BUT NOT RELICONDITION CAUSING OPERATION 198. CON WAS PER	any, giving sloling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (c.g. home, form, foctory, street,	20 A. AUTOPSY? (Yes or No)	OB, IF YES, WERE FIN N CERTIFYING CAUSE	DINGS CONSIDERED
DISEASES (ise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A.DATE OF OR CONTRIBUTION OF C	ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) OR CONDITION Idst.  II  IFICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING  OPERATION 19B. CON WAS PER  NT WAS UNDERLYING JING CAUSE OF medicol exominer)	CONTRIBUTING ATED TO THE IT.  JOHNON FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20 A. AUTOPSY? (Yes or No) (A O O O O O O O O O O O O O O O O O O	OB, IF YES, WERE FIN N CERTIFYING CAUSE (If in Boltimore C	DINGS CONSIDERED S OF DEATH?
DISEASES ( rise la Ih UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF OR CONTRIBUT OCATH (notif)	ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) GONDITION last.  II FICANT CONDITIONS (EATH BUT NOT RELICONDITION CAUSING OPERATION 198. CON WAS PER	CONTRIBUTING ATED TO THE IT.  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour) 21 E. INJURY OCCURRED	20 A. AUTOPSY? (Yes or No) 2  NO  In or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	OB, IF YES, WERE FIN N CERTIFYING CAUSE (If in Boltimore C	DINGS CONSIDERED S OF DEATH?
DISEASES (nise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF	ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) OR CONDITION Idst.  II  IFICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING  OPERATION 19B. CON WAS PER  NT WAS UNDERLYING JING CAUSE OF medicol exominer)	CONTRIBUTING ATED TO THE IT.  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour) 21 E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 2  NO  Injury Occur?  21F. HOW DID INJUR	OB, IF YES, WERE FIN N CERTIFYING CAUSE (If in Boltimore C	DINGS CONSIDERED S OF DEATH?
DISEASES ( nise la Ih UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF OR CONTRIBUTION  21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION last.  II IFICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING OPERATION 198. CON WAS PER NT WAS UNDERLYING JTING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour) 21 E. INJURY OCCURRED While At Not Work	20A. AUTOPSY? (Yes or No) 1  NO  In or obout 21C. WHERE DID  office bldg., INJURY OCCUR?	OB. IF YES, WERE FIN N CERTIFYING CAUSE (If in Boltimore C	DINGS CONSIDERED S OF DEATH?
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A.DATE OF OR CONTRIBIT OF INJURY (APPROX.)  21. L certify	ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION last.  III IFICANT CONDITIONS (EATH BUT NOT RELL, CONDITION CAUSING OPERATION 19B. COMWAS PER NT WAS UNDERLYING DAUGE CAUSE OF medical examiner)  (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED While At Not W Work  At Wo	20 A. AUTOPSY? (Yes or No) (No) (No) (No) (No) (No) (No) (No)	OB. IF YES, WERE FIN N CERTIFYING CAUSE (If in Boltimore C	DINGS CONSIDERED S OF DEATH?
DISEASES (nise la lh UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A. DATE OF OF INJURY (APPROX.)  22. I certify that (D (we))	ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION last.  II IFICANT CONDITIONS (EATH BUT NOT RELATION LAUSING OPERATION 19B. COMMAS PER NT WAS UNDERLYING LAUSING CAUSE OF medicol exomine)  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At Not W Work Not W Work  Not W Work  I) ottended the deceased from ed alive on 22 5 5	20A. AUTOPSY? (Yes or No)  NO  In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJUR  Thile  19 6 6 ond that	OB. IF YES, WERE FIN N CERTIFYING CAUSE (If in Boltimore C	DINGS CONSIDERED S OF DEATH?
DISEASES (nise la lh UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A. DATE OF OF INJURY (APPROX.)  22. I certify that (D (we))	ANTECEDENT CAUSES  OR CONDITIONS, if e abave couse (A) G CONDITION last.  II IFICANT CONDITIONS (EATH BUT NOT RELACEDENT CAUSING OPERATION 19B. COMMAS PER  NT WAS UNDERLYING JTING CAUS COMMAS PER  INT WAS UNDERLYING (Month) (Doy) (Year)  That (I) this hospito lost sow the deceased from the couses sto	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At Not W Work Not W Work  Not W Work  I) ottended the deceased from ed alive on 22 5	20A. AUTOPSY? (Yes or No)  NO  In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJUR  Thile  19 6 6 ond that	OB. IF YES, WERE FIN N CERTIFYING CAUSE  (If in Boltimore C  Y OCCUR?	DINGS CONSIDERED S OF DEATH?
DISEASES (nise la lh UNDERLYIN)  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF CONTRIBUTION (APPROX.)  21 A. ACCIDE OF CONTRIBUTION (APPROX.)  22. I certify that (D (we) and hour on contribution of the contri	ANTECEDENT CAUSES  OR CONDITIONS, if e abave couse (A) G CONDITION last.  II IFICANT CONDITIONS (EATH BUT NOT RELACEDENT CAUSING OPERATION 19B. COMMAS PER  NT WAS UNDERLYING JTING CAUS COMMAS PER  INT WAS UNDERLYING (Month) (Doy) (Year)  That (I) this hospito lost sow the deceased from the couses sto	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At Not W Work Not W Work  Not W Work  I) ottended the deceased from ed alive on 22 5	20A. AUTOPSY? (Yes or No) 1 NO In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJUR thile 19 6 6 ond that oview the body ofter death.	OB. IF YES, WERE FIN N CERTIFYING CAUSE  (If in Boltimore C  Y OCCUR?	DINGS CONSIDERED is OF DEATH?  ity, give exact locohon)
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A.DATE OF OR CONTRIBE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (D (we) and hour on 23A. SIGNATE	ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION last.  III IFICANT CONDITIONS (CAUTH BUT NOT RELL, CONDITION CAUSING OPERATION 19B. COMWAS PER MT WAS UNDERLYING CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (1) (this hospital last saw the deceased from the couses stated and the couse state	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At Not W Work Not W Work  Not W Work  I) ottended the deceased from ed alive on 22 5	20A. AUTOPSY? (Yes or No) 2  NO  In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJU	OB. IF YES, WERE FIN N CERTIFYING CAUSE  (If in Boltimore C  Y OCCUR?	DINGS CONSIDERED S OF DEATH?  ity, give exact location)  in death occurred on the state of the s
DISEASES (nise la lh UNDERLYIN)  OTHER SIGN TO THE D DISEASE OR 19A.DATE OF 19A.DATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (D (we) and hour on 23A. SIGNATE (123C. PHYSICIA NAME (123C. P	ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) OF CONDITION last.  II IFICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING OPERATION 198. CON WAS PER INT WAS UNDERLYING (Month) (Doy) (Year)  Thot (1) (this hospito lost sow the decease of from the couses stowers)  INTS  YPE  A A  INTS  YPE  A  INTS  YPE  A  INTS  YPE  A  INTS  INTE  A  INTS  INTE  A  INTS  INTE  INTS  INT	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At Not W Work Not W Work  Not W Work  I) ottended the deceased from ted above. () (We) (did) (dld not	20A. AUTOPSY? (Yes or No)  NO  In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJUR  19  19  19  19  19  Med. Standard Director Ph.  23D. ADDRESS	OB. IF YES, WERE FIN N CERTIFYING CAUSE  (If in Boltimore C  Y OCCUR?	DINGS CONSIDERED S OF DEATH?  ity, give exact location)  in death occurred on the state of the s
DISEASES (ise In	ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) OF CONDITION last.  II IFICANT CONDITIONS (EATH BUT NOT RELICONDITION CAUSING OPERATION 198. CON WAS PER IT WAS UNDERLYING (Month) (Doy) (Year)  Thot (1) (this hospito lost sow the deceosed from the couses stowed the couses stow	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour) 21 E. INJURY OCCURRED While At Not Work  Work  Not Work  Not Work  At Work  At Work  At Work  M.D. A	20A. AUTOPSY? (Yes or No)  NO  In in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  Attending Med. Office of Physics  23D. ADDRESS  D. 5912 CYOSS	OB. IF YES, WERE FIN N CERTIFYING CAUSE  (If in Boltimore C  Y OCCUR?  66 to 2  in (my) (our) opinion  ff. 23	DINGS CONSIDERED S OF DEATH?  ity, give exoct locohon)  19  In deoth occurred on  18. DATE SIGNED  12 - S - 6 6
DISEASES (nise la lh UNDERLYIN)  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (D (we) and hour on 23A. SIGNATE (12A)	ANTECEDENT CAUSES  OR CONDITIONS, if e abave couse (A)  G CONDITION last.  II  IFICANT CONDITIONS (CAUTH BUT NOT REL.)  CONDITION CAUSING  OPERATION 19B. CONWAS PER  NT WAS UNDERLYING DITION CAUSE OF medicol exomines)  (Month) (Doy) (Yeor)  Thot (I) (this hospito lost sow the deceosed from the couses stowed from the couse stowe	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  While At Not Work Work  Not Work Work  Not Work Work  Not Work Work  Work  At Wo	20A. AUTOPSY? (Yes or No)  NO  In in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  Altending Med. Stephys.  Attending Med. Stephys.  23D. ADDRESS  D. 7912 CYOSS  CREMATORY 24D. LOC	OB. IF YES, WERE FIN N CERTIFYING CAUSE  (If in Boltimore C  Y OCCUR?  (If in Boltimore C  Y OCCUR?  (If in Boltimore C  Y OCCUR?	DINGS CONSIDERED IS OF DEATH?  Ity, give exect locotion)  19 In death occurred on 18. DATE SIGNED 12 - 5 - 6 6  Town, or county)
DISEASES (ise In	ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) GONDITION I CAUSES OF CONDITION I CAUSED OF CAUSE OF CONDITION CAUSING OPERATION 198. CONDITION CAUSE OF CAUSE	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At Not Work Work  Not Work Work  Not Work  While Of CEMETERY or Cheuna	20A. AUTOPSY? (Yes or No)  NO  In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJUR  19  19  6  19  19  19  19  19  19  19	OB. IF YES, WERE FIN N CERTIFYING CAUSE  (If in Boltimore C  Y OCCUR?  (If in Boltimore C  Y OCCUR?  (If in Boltimore C  Y OCCUR?	DINGS CONSIDERED IS OF DEATH?  Ity, give exect locotion)  19 In death occurred on 18. DATE SIGNED 12 - 5 - 6 6  Town, or county)
DISEASES (ise In	ANTECEDENT CAUSES  OR CONDITIONS, if e abave couse (A)  G CONDITION last.  II  IFICANT CONDITIONS (CAUTH BUT NOT REL.)  CONDITION CAUSING  OPERATION 19B. CONWAS PER  NT WAS UNDERLYING DITION CAUSE OF medicol exomines)  (Month) (Doy) (Yeor)  Thot (I) (this hospito lost sow the deceosed from the couses stowed from the couse stowe	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At Not Work Work  Not Work Work  Not Work  While Of CEMETERY or Cheuna	20A. AUTOPSY? (Yes or No)  NO  In in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  Altending Med. Stephys.  Attending Med. Stephys.  23D. ADDRESS  D. 7912 CYOSS  CREMATORY 24D. LOC	OB. IF YES, WERE FIN N CERTIFYING CAUSE  (If in Boltimore C  Y OCCUR?  66 to 2  in (my) (our) opinion  ff. 23	DINGS CONSIDERED IS OF DEATH?  Ity, give exect locotion)  19 In death occurred on 18. DATE SIGNED 12 - 5 - 6 6  Town, or county)



IMPORTANT

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

NOON

If Under 24 Hrs.

give lownship)

Hours

ADDRESS

Economic ato de las repositiones & C34044 CA. 35 H 27 3/11 22 44/11 

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

The ... with the 2182 L EVI E-W analysis average of learning THE A SECOND LINE OF THE SECOND SECON

Thirties shell , Without the Time . It will be the . It

Milanoptiony for postulately

of death

	6 7 6 7 6 7 7 7 7	1 / h	BALTIMORE CITY HEALTH DEPARTMENT			
ARTH NO.	66 122	:05	CERTIFICA	TE OF DEATH	Registered Na	66 12256
NAME OF DE	CEASED		7	2. DATE AN	D HOUR OF DEATH	
" H	oward	C . 13	Sauer	12/4	1/66	8:05
PLACE OF D	EATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e eceosed lived. If ins	titution: residence before admis
FULL NAME	OF (If not in hos	pitol ar institution	nive steet	Md.		
HOSPITAL OF		cotion)	, give sheet	C. CITY OR TOWN (If out	side city limits, write	IRN one give township)
The state of the s				130 H.		11-4
M. 1	and G.		11 - 4		rural, give tocation)	
1 lary1	and G	eneral	7405PITal	2401 Ba	nger S	7
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Months: Doys Hours M
M	W	WIDOW	ED, s DIVORCED (specify)	4/18/24	lost birthdoy	Months Doys Hours M
OA. USUAL OC	CUPATION (Give kind o	f work 108. KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or forei	gn country)	12, CITIZEN OF
one during most o	of working life, even if ret	ired) R	+. City Polic	R LI	ND	WHAT COUNTRY?
ratro	man	pal	1. City letic		ia.	4,5,7
3. FATHER'S NA		7		14. MOTHER'S MAIDEN NAM	AE .	
tred	erick G	T. 10a	uer	Verna	Thom	DSO h
es, no or unknov	ed Ever in U. S. Arme	d Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	~		219-16-3272	Mrs. Lois O. B	auer, 2401 B	anger St. 21230
18. 44 Q	0.7		CAUSE C	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION	DIRECTLY			1	ONSET AND DEATH
	LEADING TO DE		1	it. As .	0' - /	W
			(A) FT	1 . 7 0 /1 1201	CONYYIGH	1 1014
(This does	nat meen the mode	e of dying, e.g	, DUE TO	Jule 1900	(arx/al	Nour 5
heart foilure	nat meon the mode, oslhenio, etc. It momplicalian which co	eans the disease	DUE TO	Infarct	ion !	11001
heart foilure	, osthenio, etc. It m	eans the disease used death,)	(B)	Infarct	· ion	//cu V
heart foilure injury ar co	o, osthenio, etc. It momplication which co	eans the diseose used death.) USES	(B)	Infarct	ion .	Men T
heart foilure injury ar co DISEASES rise la t	o, osthenio, etc. It momplication which co ANTECEDENT CAU OR CONDITIONS, he abave couse	eans the discoss used death.) USES if any, giving (A) stoting the	(B)	Infanct	ion .	Men ()
heart foilure injury ar co	e, osthenio, etc. It momplication which co ANTECEDENT CAU OR CONDITIONS,	eans the discoss used death.) USES if any, giving (A) stoting the	(B)	Infarct	ion .	716 1 )
heart foilure injury ar co	o, osthenio, etc. It m implication which co ANTECEDENT CAU OR CONDITIONS, he above couse NG CONDITION last	eans the discosoused death.)  USES  if any, giving the control of	(B) DUE TO g e (C)	Infarct	ion	Men ()
heart foilure injury ar co	o, oslhenio, etc. It m implication which co  ANTECEDENT CAI  OR CONDITIONS, he above couse NG CONDITION last  INIFICANT CONDITION DEATH BUT NOT	eans the discossused death.)  USES  if any, giving the control of	(B) DUE TO g e (C)	Infarct	ion .	
DISEASES rise la t UNDERLYIN  OTHER SIGN TO THE DISEASE OI	o, osthenio, etc. It momplication which co ANTECEDENT CALL OR CONDITIONS, he abave couse NG CONDITION last	eans the discosoused death.)  USES  if any, giving the discosous death.  NS CONTRIBUTION TO	(B) DUE TO  G (C)			
DISEASES rise la t UNDERLYIN  OTHER SIGN TO THE DISEASE OI	o, oslhenio, etc. It m implication which co ANTECEDENT CAL OR CONDITIONS, he abave couse NG CONDITION last  II  NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUST OF OPERATION 198.	eans the discosoused death.)  USES  if any, giving the discosous death.  NS CONTRIBUTION TO	(B) DUE TO  G (C)	I N farct		NDINGS CONSIDERED
DISEASES rise la t UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A. DATE C	o, osthenio, etc. It m implication which co ANTECEDENT CAI OR CONDITIONS, he above couse NG CONDITION last II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSE OF OPERATION 198. WAS	eans the discossused death.)  JSES  if any, giving the control of	OUE TO  G C C C WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
DISEASES rise la † UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A.DATE C	o, oslhenio, etc. It m implication which co  ANTECEDENT CAL  OR CONDITIONS, he abave couse NG CONDITION last  II  NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSE  OF OPERATION 198. WAS  ENT WAS UNDERLYIF BUTING CAUSE OF	eans the discoss used death.)  USES  if any, givin.  (A) stoting the control of t	(B) DUE TO  G C C O  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., in the control of the con		208. IF YES, WERE FI	NDINGS CONSIDERED
DISEASES rise la † UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A. DATE O 21A. ACCID OR CONTRI	o, osthenio, etc. It m implication which co  ANTECEDENT CAI  OR CONDITIONS, he abave couse NG CONDITION last  II  NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUST OF OPERATION  OF OPERATION  ENT WAS UNDERLYING  If I MASS OF	eans the discosoused death.)  USES  if any, giving the discosous death.  NS CONTRIBUTING TO	(B) DUE TO  G (C)  NG HE  WHICH OPERATION  8. PLACE OF INJURY (e.g., or	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?
DISEASES rise la † UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A. DATE O 21A. ACCID OR CONTRI	o, oslhenio, etc. It m implication which co  ANTECEDENT CAL  OR CONDITIONS, he abave couse NG CONDITION last  II  NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSE  OF OPERATION 198. WAS  ENT WAS UNDERLYIF BUTING CAUSE OF	eans the discosor used death.)  USES  if any, giving the discosor of the death.)  NS CONTRIBUTION FOR THE DISCONDITION FOR THE DISCONDI	(B) DUE TO  G (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., or	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?
DISEASES rise la † UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A. DATE O 21A. ACCID OR CONTRIL DEATH (notil)	o, osthenio, etc. It m implication which co  ANTECEDENT CAI  OR CONDITIONS, he abave couse NG CONDITION last  II  NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUST OF OPERATION  OF OPERATION  ENT WAS UNDERLYING  If I MASS OF	eans the discossused death.)  USES  if any, givin.  (A) stoting th.  NS CONTRIBUTIN RELATED TO T NG IT.  CONDITION FOR PERFORMED  NG	(B) DUE TO  G (C)  NG HE  WHICH OPERATION  8. PLACE OF INJURY (e.g., or	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?
DISEASES rise la † UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A. DATE O  21A. ACCID OR CONTRI DEATH (noti)  DEATH (noti)  UNDERLYIN  (APPROX.)	o, oslhenio, etc. It m implication which co  ANTECEDENT CAI  OR CONDITIONS, he abave couse NG CONDITION last  II  NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSE OF OPERATION  OF OPERATION  IPB. WAS  ENT WAS UNDERLYIN BUTING CAUSE OF fy medical examiner)  (Month) (Day) (1)	eans the discosoused death.)  USES  if any, giving the discosous death.)  NS CONTRIBUTING TO	(B) DUE TO  G (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., or	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?
DISEASES rise la t UNDERLYIN  OTHER SIGG TO THE DISEASE OI 19A. DATE O 21A. A CCID OR CONTRIE DEATH (notified) 21D. TIME OF INJURY (APPROX.)  22. I certif	o, osthenio, etc. It monplication which co ANTECEDENT CAN OR CONDITIONS, he abave couse of CONDITION last in the condition of the condition of the condition cause of the condition cause of the condition cause of the condition cause of the condition of the condition cause of the condition of the	eans the discoss used death.)  USES  if any, giving the discoss of the death.)  NS CONTRIBUTING THE CONTRIBUTION FOR THE CONTRIBUTION F	(B) DUE TO  G e (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., or or of the control of t	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?  City, give exoct locotion)
DISEASES rise la t UNDERLYIN  OTHER SIGN TO THE DISEASE OF TO THE DEATH (notified to the text)  21 A. A CCID DEATH (notified to the text)  22 J. Certified that (1) (week)	o, osthenio, etc. It memplication which co ANTECEDENT CALL OR CONDITIONS, he abave couse NG CONDITION last INTECANT CONDITION CAUSE OF OPERATION 198. WAS ENT WAS UNDERLYING CAUSE OF fy medical examiner)  (Month) (Day) (1)  The condition of the condition of the condition cause of fy medical examiner)  (Month) (Day) (1)  The condition of the cond	eans the discoss used death.)  USES  if any, giving the discoss of the death.)  NS CONTRIBUTING TO	B. PLACE OF INJURY (e.g., form, foctory, street, ochinical in the deceased from	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?  City, give exoct locotion)
DISEASES rise la t UNDERLYIN  OTHER SIGT TO THE DISEASE OI 19A. DATE O OR CONTRIL DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (we and haur ai	o, osthenio, etc. It morphication which co ANTECEDENT CALL OR CONDITIONS, he abave couse of CONDITION last and the condition of the condition of the condition cause of the condition c	eans the discoss used death.)  USES  if any, giving the discoss of the death.)  NS CONTRIBUTING TO	B. PLACE OF INJURY (e.g., form, foctory, street, ochinical in the deceased from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore JRY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion) an death accurred an the
DISEASES rise la t UNDERLYIN  OTHER SIGN TO THE DISEASE OF TO THE DEATH (notified to the text)  21 A. A CCID DEATH (notified to the text)  22 J. Certified that (1) (week)	o, osthenio, etc. It morphication which co ANTECEDENT CALL OR CONDITIONS, he abave couse of CONDITION last and the condition of the condition of the condition cause of the condition c	eans the discoss used death.)  USES  if any, giving the discoss of the death.)  NS CONTRIBUTING TO	(1) (B)  DUE TO  OUE T	20A. AUTOPSY? (Yes or No. n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?  City, give exoct locofion)
DISEASES rise la t UNDERLYIN  OTHER SIGT TO THE DISEASE OI 19A. DATE O OR CONTRIL DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (we and haur ai	o, osthenio, etc. It morphication which co ANTECEDENT CALL OR CONDITIONS, he abave couse of CONDITION last and the condition of the condition of the condition cause of the condition c	eans the discoss used death.)  USES  if any, giving the discoss of the death.)  NS CONTRIBUTING TO	(1) (B)  DUE TO  OUE T	20 A. AUTOPSY? (Yes or No.)  n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?  21 F. HOW DID INJU	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore JRY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact location) an death accurred an the
NOTHER SIGN TO THE DISEASE OF	o, osthenio, etc. It memplication which co ANTECEDENT CALL OR CONDITIONS, he abave couse of CONDITION last and the condition of the condition of the condition cause of the condition c	eans the discoss used death.)  USES  if any, giving the discoss of the death.)  NS CONTRIBUTING TO	B. PLACE OF INJURY (e.g., me, form, foctory, street, oc.)  E. INJURY OCCURRED Shile AI Work AI Work  the deceased fram	20 A. AUTOPSY? (Yes or No.)  n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?  21 F. HOW DID INJU	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	ndings considered ses of death?  City, give exoct locofion)  an death accurred an the
DISEASES rise la t UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A. DATE O  21A. ACCID OR CONTRIT DEATH (noti)  22. I certif that Th (we and haur ai 23A. SIGNAT	o, osthenio, etc. It memplication which co ANTECEDENT CALL OR CONDITIONS, he abave couse of CONDITION last and the condition of the condition of the condition cause of the condition c	eans the discoss used death.)  USES  if any, giving the discoss of the death.)  NS CONTRIBUTING TO	B. PLACE OF INJURY (e.g., me, form, foctory, street, oc.)  E. INJURY OCCURRED Shile AI Work AI Work  the deceased fram	20 A. AUTOPSY? (Yes or Not nor obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  A part of the body after death.	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	ndings considered ses of death?  City, give exoct locofion)  an death accurred an the

ADDRESS

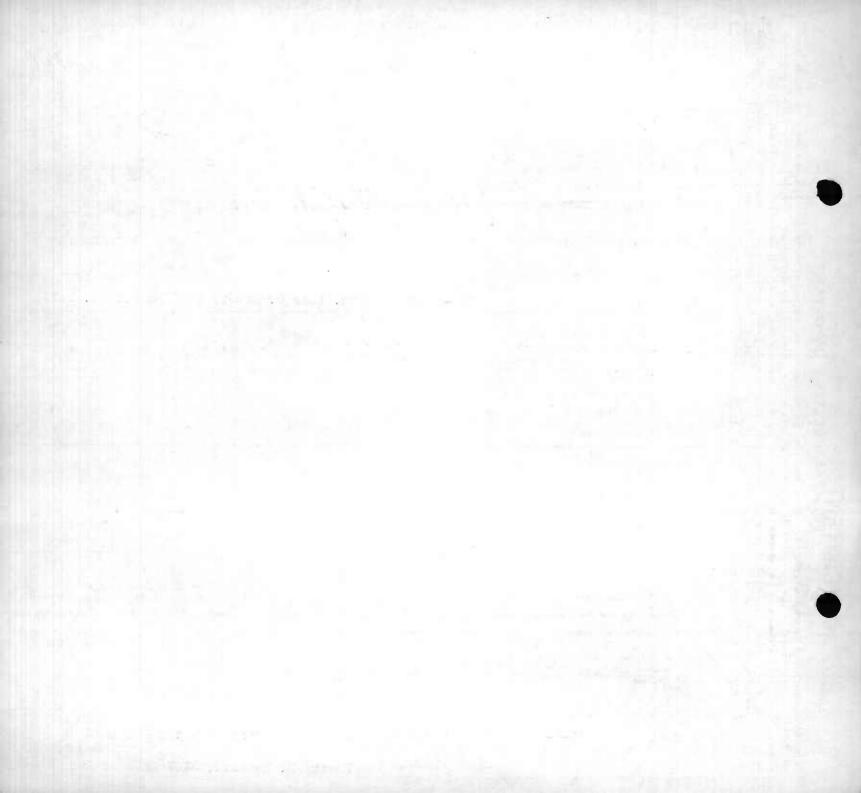
Howard H. Hubbard, 4107 Wilkens Ave

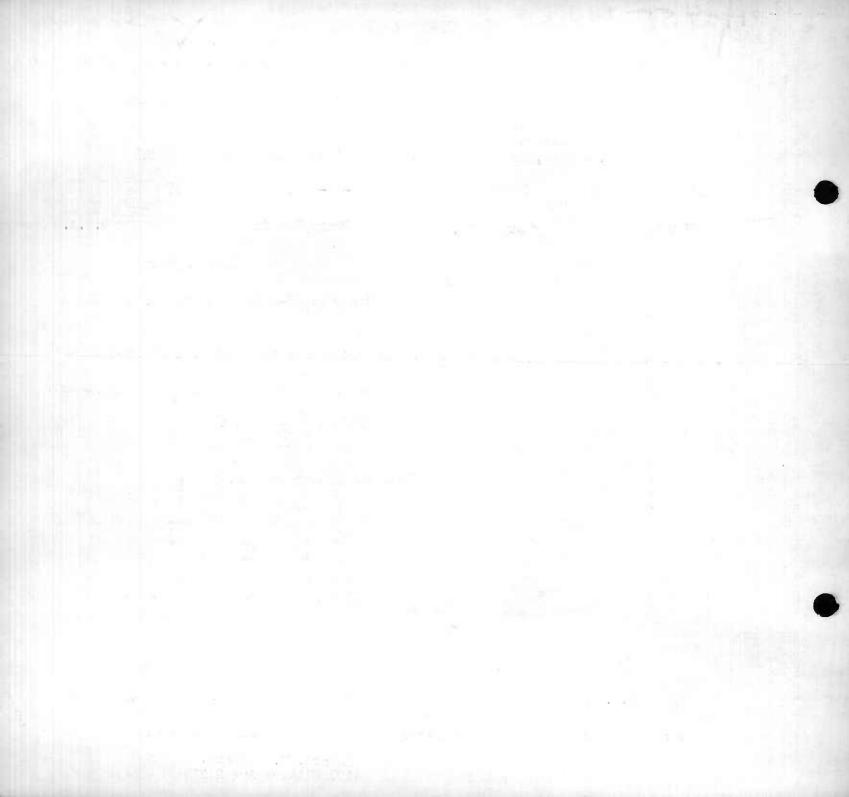
21229

DEP 1966 258 NAME OF REGISTRAN

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH





VS 150-REV. 1/1/65

the side of the Limiter of the line

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

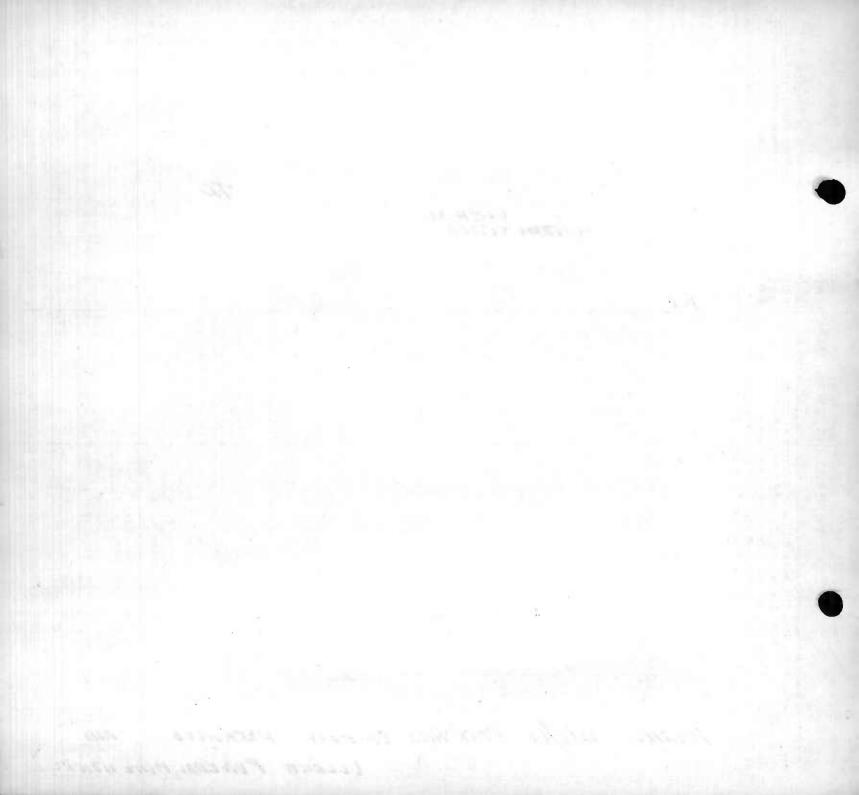
Hours

INTERVAL BETWEEN

ONSET AND DEATH

X TIV ALL RESEARCH TO 

		SALTIMORE CITY H	EALTH DEPARTMENT		66 12260
V.		CERTIFICAT	E OF DEATH	Registered No.	00 16600
1, N.	CASE NO.  AME OF DECEASED		2. DATE ANI	HOUR OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Тур	or Print) Havikins Samuel	dward	SR. Dec	2. 2. 1861	SIPP N
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4.	USUAL RESIDENCE (Where		titution: residence before admission)
F	ULL NAME OF (If not in hospital or institution, give stre		maryland		
H	IOSPITAL OR oddress or location)	- C	CITY OR TOWN (If out	side city limits, write Rl	PAL and give towaship)
	/		Baltimore	2_ 4	501
3	6 Firm VI Squam Hac	histor 10		urol, give location)	0
	6 Hranklin Square Hos	May		nwood !	tue.
5. \$	6. RACE 7. MARRIED, NEVER WIDOWED, DIVE		DATE OF BIRTH	ost birthdox	Months Doys Hours Min.
4h	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN	es OF INDUSTRY 11	BIRTHPLACE (Stote or foreign	12	12. CITIZEN OF
	during most of working life, even if retired)		In a consider of total	in country,	WHAT COUNTRY?
	RETIVER -CLOTHING CUTTE	2	maryland		MISIA
3. 1	FATHERS NAME	14.	MOTHER'S MAIDEN NAM	00	
	Howard Hawkins		Martha Co	irroll	
5. Yes	Nos Deceased Ever in U. S. Armed Forces?  ,no or unknown) (If yes, give wor or dotes of service)  16. SO SE	CURITY NO.	INFORMANT	1 1	ADDRESS
	NO 212	072755	Hospital	Char	
	18. 3 3 X I	CAUSE OF I	DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CE	PERRAI	/NIFA.20	
	(This does not mean the made of dying, e.g.,	(A) DUE TO	101-11-	101-17	77010
	heart failure, osthenia, etc. It means the diseose, injury ar camplication which caused death.)	//	NUOLVING	BOTH	BASAL
	ANTECEDENT CAUSES	(B)	and the second second		V
	DISEASES OR CONDITIONS, if ony, giving	DUE TO C	ANGLIA		
	rise Ia lhe abave cause (A) slating the UNDERLYING CONDITION lost.	(C)			
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
ERT	The accident was uniperiorial to the property of the property	OF INTIDEN	- L 121C WILESE DID		
	OR CONTRIBUTING CAUSE OF home, form	, foctory, street, office	obout 21 C. WHERE DID INJURY OCCUR?	(If in boltimore	City, give exact location)
U					
	OF INJURY	Y OCCURRED  Not While	21 F. HOW DID INJU	JRY OCCUR?	
	(APPROX.) Work	Al Work		11 12	
	22. I certify that (I) (this hospital) ottended the dec	eosed from /	10V. 10 1	9 66 10	2C1 2 19 66
	that (I) (we) last saw the deceased alive on	LC 2	19 ond the	of in (my) (our) opin	Ion death occurred on the do
	ond hour and from the couses stated above. (1) (We)	(did) (dld nat) vle	w the body after death.		
	23A. SIGNATURE	0		. 1	23 B. DATE SIGNED
	he p. Bu	M.D. Attendi	Director _	Stoff Phys.	
	23C. PHYSICIAN'S NAME (Type)	230	O. ADDRESS	1	
	Ki Bum We	e M.D.	tirank!	in Squa	re HOSPGta
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREM	ATORY 24D. LC	CATION (City	, town, or county) (State)
1	BURIAL 12/6/66 PARK	WOUD CE	METERY PA	RKVILLE	MD
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGI	STRAR	25C. FUNERAL DIRECTOR		ADDRESS
	DEC 8 1966 (P.D. A 2)	Falley FLA	ULLIRICH F	UNERALH	OME 4216 BELDIR.



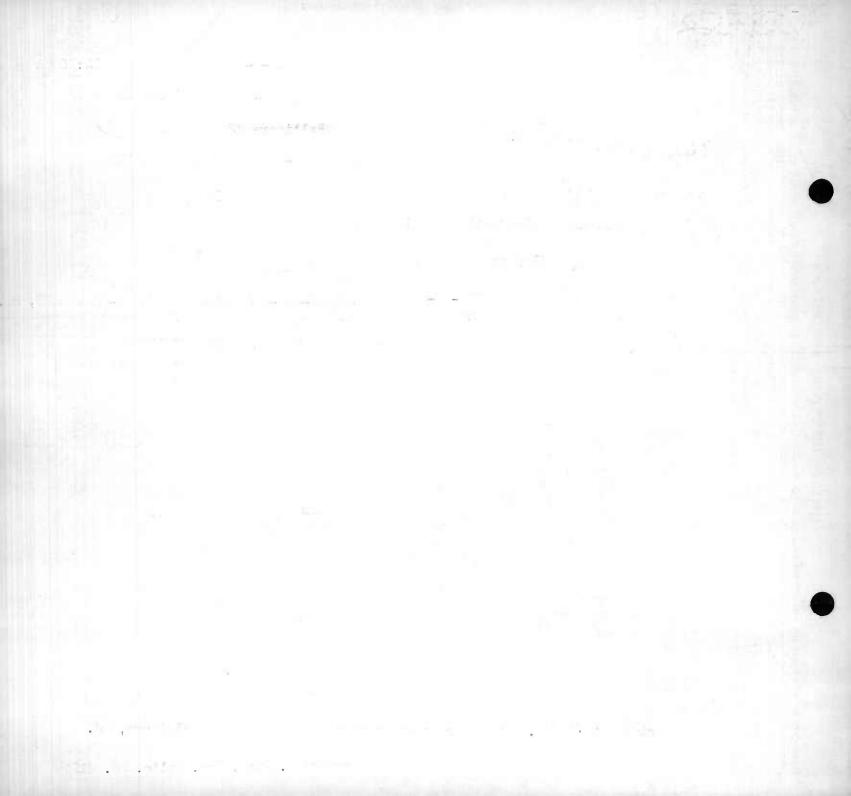
BIPT		6 6 6 6 7						
	H NO.	66 122	ol	CERTIFICA	ATE OF D	EATH	Registered N	00 12201
	AME OF DECEA	SED				2. DATE AN	D HOUR OF DEA	TH - 10
	e or Print)	MATTIE	E	ORENCE	LIDUE		2 1 1	710 4
0	LACE OF DEAT	H IN BALTIMORE, MA		OKUNCE		DENCE (When		f institution; residence before admis
5. PI	LACE OF DEAT	H IN BALIMORE MI	AKILAND		A. STATE	B, COUN	TY	A A A
E	ULL NAME OF	(If not in hospital	or institution.	give street	md	BA	470	15 alto il
Н	OSPITAL OR	oddress or location	on)		C. CITY OR TO	WN (If our	side city limits, wri	te RURAL and give township)
II	NOITUTITE	ma be	EN MO	SPITAL		BALT	0	53-00
	1/2	P11-	.00 1		D. STREET AD	DRESS (II	rurol, give locotion)	
	70	BALTO	., rna		71	362	ST MO	VICA DRIVE
			In the spier	, NEVER MARRIED	B. DATE OF BIS	711	9. AGE (In years	
. 51	EX	RACE		D, DIVORCED (specify)	B. DATE OF SIR		lost birthdoy	Months Doys Hours M
	~	W	W	IDOWED	09-10	-17	87	
				F BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
one		orking life, even if retired)	}			GA		W CA
		ONE				Ort.		.3,4
3. F	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME	
	.104	4N 11)	PRIN	ELL.	(	A111	1 7 411	/<
5. V	Was Deceased E	ver in U. S. Armed Fo		1 6. SOCIAL	17. INFORMAN	1	0/10/	ADDRESS
		If yes, give wor or do		SECURITY NO.	11		011	kinen mD
	NO				Ke	meth	of Ens	cinen MD.
	1B. , / 4	2 V I		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEASE	OR CONDITION D	IDECTI V		400			ONSET AND DEATH
		EADING TO DEATH		0	NEumo	NIA		
	(This does not	I meon the made a	of dying, e.g.	DUE TO	· og m	/ / / / /		
		sthenia, etc. Il mean						
		lication which couse		7 F	= ILUDRA	THON	+	
	Al	NTECEDENT CAUSE	S	DUE TO	14 / 6000 1			
	DISEASES OR	CONDITIONS, if	ony, giving		MALN	UTITI	CON	
	rise to the	alimin as as IAS	) slaling the	(C)				94-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
		CONDITION last.						
7	UNDERLYING	CONDITION last.				12 (2)		
NOI	OTHER SIGNIFI	CONDITION last.  II  CANT CONDITIONS	CONTRIBUTIN	IG HE		(5)		
ATION	OTHER SIGNIFITO THE DEADISEASE OR C	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING	LATED TO TI	HE		25		
FICATION	OTHER SIGNIFI	CONDITION last,  II  CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING OPERATION [198, CO	LATED TO TE	IG HE WHICH OPERATION	20A. AUTOP	SY? (Yes or No		RE FINDINGS CONSIDERED CAUSES OF DEATH?
RTIFICATION	OTHER SIGNIFITO THE DEADISEASE OR C	CONDITION last,  II  CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING OPERATION [198, CO	LATED TO TI	HE	20A. AUTOP	5Y? (Yes or No		
	OTHER SIGNIFITO THE DEL DISEASE OR C	CONDITION lost,  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 198. CO WAS PE	LATED TO TI	WHICH OPERATION  B. PLACE OF INJURY (e.g.	vin or obout 21 C. V	).	IN CERTIFYING	
	OTHER SIGNIFI TO THE DEA DISEASE OR C 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 198. CO WAS PE	LATED TO TI	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street,	vin or obout 21 C. V	).	IN CERTIFYING	CAUSES OF DEATH?
CAL	OTHER SIGNIFI TO THE DEP DISEASE OR C 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT DEATH (notify n	CONDITION last,  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 198. CO WAS PE  T WAS UNDERLYING ING CAUSE OF medical examiner)	LATED TO TI	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street,)	office bldg, NJUI	). VHERE DID RY OCCUR?	IN CERTIFYING	CAUSES OF DEATH?
EDICAL	OTHER SIGNIFI TO THE DE/ DISEASE OR C 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT DEATH (notify n	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 198. CO WAS PE	LATED TO TI	WHICH OPERATION  B. PLACE OF INJURY (e.g. me, form, foctory, street,)  E. INJURY OCCURRED	office bldg., 1NJUI	). VHERE DID RY OCCUR?	IN CERTIFYING	CAUSES OF DEATH?
DICAL	OTHER SIGNIFI TO THE DEADISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify in 21D. TIME	CONDITION last,  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 198. CO WAS PE  T WAS UNDERLYING ING CAUSE OF medical examiner)	LATED TO TIG	B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	office bldg., INJUI	). VHERE DID RY OCCUR?	IN CERTIFYING	CAUSES OF DEATH?
MEDICAL	OTHER SIGNIFI TO THE DE- DISEASE OF C  19A. DATE OF C  21A. ACCIDENT OR CONTRIBUT DEATH (notify in  21D. TIME OF INJURY (APPROX.)	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING OPERATION 198. CO WAS PE  I WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeon	LATED TO TIG	B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	office bldg., INJUI	O. WHERE DID NY OCCUR?	(If in Bolfin	CAUSES OF DEATH?
MEDICAL	OTHER SIGNIFI TO THE DE- DISEASE OF C  19A. DATE OF C  21A. ACCIDENT OR CONTRIBUT DEATH (notify in  21D. TIME OF INJURY (APPROX.)	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING OPERATION 198. CO WAS PE  I WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeon	LATED TO TIG	B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	, in or obout 21C. Noffice bldg., INJUI	O.  WHERE DID  WY OCCUR?	URY OCCUR?	more City, give exact location)
MEDICAL	OTHER SIGNIFITO THE DEADISEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.)	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING OPERATION 198. CO WAS PE  I WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeon	LATED TO TIGHTS IT.  IT.  INDITION FOR ERFORMED  211 hours etc. WW. WW.  al) attended	B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	, in or obout 21C. Noffice bldg., INJUI	O.  WHERE DID  WY OCCUR?	URY OCCUR?	more City, give exact location)
MEDICAL	OTHER SIGNIFITO THE DEADISEASE OR CONTRIBUTOR CONTRIBU	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING OPERATION 198. CO WAS PE  T WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Year that (I) (this hospital ast sow the decess	LATED TO TIGHT IN THE PROPERTY OF THE PROPERTY	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hille At	office bldg., INJUI	O.  WHERE DID  WY OCCUR?  IOW DID INJ	URY OCCUR?	more City, give exact location)
MEDICAL	OTHER SIGNIFI TO THE DE- DISEASE OR C 19A-DATE OF C 21A, ACCIDENT OR CONTRIBUT DEATH (notify n 21D. TIME OF INJURY (APPROX.) 22. I certify t that (1) (we) I and haur and	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 198. CO WAS PE  T WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeol  hat (1) (this hospite ast sow the deceous	LATED TO TIGHT IN THE PROPERTY OF THE PROPERTY	B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	office bldg., INJUI	O.  WHERE DID  WY OCCUR?  IOW DID INJ	URY OCCUR?	more City, give exact location)
MEDICAL	OTHER SIGNIFITO THE DEADISEASE OR CONTRIBUTOR CONTRIBU	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 198. CO WAS PE  T WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeol  hat (1) (this hospite ast sow the deceous	LATED TO TIGHT IN THE PROPERTY OF THE PROPERTY	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	in or obout 21C. V office bldg., INJUI	O.  WHERE DID  YY OCCUR?  IOW DID INJ  GG  Go  after death.	URY OCCUR?	causes OF DEATH?  more City, give exact location)  19 (aprinian death occurred an the
MEDICAL	OTHER SIGNIFI TO THE DE- DISEASE OR C 19A-DATE OF C 21A, ACCIDENT OR CONTRIBUT DEATH (notify n 21D. TIME OF INJURY (APPROX.) 22. I certify t that (1) (we) I and haur and	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 198. CO WAS PE  T WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeol  hat (1) (this hospite ast sow the deceous	LATED TO TIGHT IN THE PROPERTY OF THE PROPERTY	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	hile 19 19 19 19 19 19 19 19 19 19 19 19 19	O.  WHERE DID  WY OCCUR?  IOW DID INJ	URY OCCUR?	causes OF DEATH?  more City, give exoct locotion)  19 4  apinian death occurred an the
MEDICAL	OTHER SIGNIFI TO THE DEADISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify in 21D. TIME OF INJURY (APPROX.)  22. I certify to that (1) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 19B. CO WAS PE  T WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeo)  hat (1) (this hospite ast sow the deceose from the causes st	LATED TO TIGHT IN THE PROPERTY OF THE PROPERTY	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	hile 19 19 19 19 19 19 19 19 19 19 19 19 19	O.  WHERE DID  YY OCCUR?  IOW DID INJ  GG  Go  after death.	URY OCCUR?	causes OF DEATH?  more City, give exact location)  19 (aprinian death occurred an the
MEDICAL	OTHER SIGNIFITO THE DEVELOPMENT OF THE DEVELOPMENT OF CONTRIBUTION (APPROX.)  21.A. ACCIDENT OR CONTRIBUTION (APPROX.)  22. I certify to that (1) (we) I and haur and 23.A. SIGNATUR	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 19B. CO WAS PE  T WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeo)  hat (1) (this hospite ast sow the deceose from the causes st	LATED TO TIGHT IN THE PROPERTY OF THE PROPERTY	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	in or obout 21C. Voffice bldg., 1NJUI  21F. F.  Chile 19 19 19 19 19 19 19 19 19 19 19 19 19	O.  WHERE DID  YY OCCUR?  IOW DID INJ  GG  Go  after death.	URY OCCUR?	causes OF DEATH?  more City, give exact location)  19 (aprinian death occurred an the
MEDICAL	OTHER SIGNIFITO THE DEADISEASE OR CO. 19A. DATE OF CO. 19	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 198. CO WAS PE  T WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Year  ast sow the decease from the causes st  E	al) attended sed olive on attended above.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	in or obout 21C. Voffice bldg., 1NJUI  Thile 12 - 3 - 19  View the body  Attending 12 - 3 - 19  Latending 13 - 19  Latending 12 - 3 - 19  Latending 13 - 19  Latending 14 - 19  Latending 15 - 19  Latending 15 - 19  Latending 16 - 19  Latending 17 - 19  Latending 17 - 19  Latending 18 - 19  Latendi	O.  WHERE DID  WY OCCUR?  IOW DID INJ  66  C. G. ond the after death.  Med. Director	URY OCCUR?  19ta oot fr(my) (aur)  Stoff Phys.	apinian death occurred an the
MEDICAL	OTHER SIGNIFI TO THE DEADISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify in 21D. TIME OF INJURY (APPROX.)  22. I certify to that (1) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 19B. CO WAS PE  I WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeor  that (1) (this hospital ast sow the deceo- from the causes st  E  IS ON  LATION, 24B. DATE	al) attended sed olive on attended above.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At	in or obout 21C. Voffice bldg., 1NJUI  Thile 12 - 3 - 19  View the body  Attending 12 - 3 - 19  Latending 13 - 19  Latending 12 - 3 - 19  Latending 13 - 19  Latending 14 - 19  Latending 15 - 19  Latending 15 - 19  Latending 16 - 19  Latending 17 - 19  Latending 17 - 19  Latending 18 - 19  Latendi	O.  WHERE DID  WY OCCUR?  IOW DID INJ  66  C. G. ond the after death.  Med. Director	URY OCCUR?	apinian death occurred an the
MEDICAL	UNDERLYING  OTHER SIGNIFI TO THE DE- DISEASE OR C  19A-DATE OF C  21A. ACCIDENT OR CONTRIBUT OR CONTRIBUT OF INJURY (APPROX.)  22. I certify to that (1) (we) I and haur and 23A. SIGNATUR  23C. PHYSICIAN NAME JYPE  BURIAL CREM	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING OPERATION 19B. CO WAS PE  I WAS UNDERLYING ING CAUSE OF nedicol examiner)  (Month) (Doy) (Yeor  that (1) (this hospital ast sow the deceo- from the causes st  E  IS ON  LATION, 24B. DATE	al) attended sed alive an attended above.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At At Work  At Work  At Work  (1) (We) (did) (did not)  Scene M.D. A	hile 19 19 19 19 19 19 19 19 19 19 19 19 19	O.  WHERE DID  WY OCCUR?  IOW DID INJ  GG  GG  Ond the after death.  Med. Director  Director	URY OCCUR?  19 ta oot in (my) (aur)  Staff Phys.	apinian death occurred an the
MEDICAL	UNDERLYING  OTHER SIGNIFI TO THE DE- DISEASE OR C  19A-DATE OF C  21A. ACCIDENT OR CONTRIBUT OR CONTRIBUT OF INJURY (APPROX.)  22. I certify to that (1) (we) I and haur and 23A. SIGNATUR  23C. PHYSICIAN NAME (1)  BURIAL CREM REMOVAL (Sp	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI  ONDITION CAUSING  DPERATION 19B. CO  WAS PE  I WAS UNDERLYING ING CAUSE OF  nedicol examiner)  (Month) (Doy) (Yeor  that (1) (this hospital  ast sow the deceo- from the causes st  E  I Soe)  LATION, 24B. DATE  ACTION, 24B. DATE  ACTION, 24B. DATE	al) attended sed alive an atted above.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At At Work  At Work  At Wo At Wo  The deceosed fram	win or obout 21C. Noffice bldg., 1NJUI  while 12 - 32 - 19 19 19 19 19 19 19 19 19 19 19 19 19	O.  WHERE DID  WY OCCUR?  IOW DID INJ  GG  GG  Ond the after death.  Med. Director  Director	URY OCCUR?  19 ta  oot in (my) (aur)  Stoff Phys. A  OCATION	apinian death occurred an the
MEDICAL	UNDERLYING  OTHER SIGNIFI TO THE DE- DISEASE OR C  19A-DATE OF C  21A. ACCIDENT OR CONTRIBUT OR CONTRIBUT OF INJURY (APPROX.)  22. I certify to that (1) (we) I and haur and 23A. SIGNATUR  23C. PHYSICIAN NAME (1)  BURIAL CREM REMOVAL (Sp	CONDITION last.  II  CANT CONDITIONS ATH BUT NOT REI  ONDITION CAUSING  DPERATION 19B. CO  WAS PE  I WAS UNDERLYING ING CAUSE OF  nedicol examiner)  (Month) (Doy) (Yeor  that (1) (this hospital  ast sow the deceo-  from the causes st  E  I Soe)  LATION, 24B. DATE  ACTION, 24B. DATE  ACTION, 24B. DATE	al) attended sed alive an atted above.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At At Work  At Work  At Wo At Wo  The deceosed fram	win or obout 21C. Noffice bldg., INJUI  white   19  Attending  23D. ADDRESS D. M. CREMATORY  25C. FUNE	O.  WHERE DID  RY OCCUR?  IOW DID INJ  GG  GG  Ond the after death.  Med. Director  24D. L  RAL DIRECTOR	URY OCCUR?  19 ta  oot in (my) (aur)  Staff Phys. (Aur)  OCATION	apinian death occurred an the

See English See See State Live 1 19-7-7-8-4 Allerian was on 04749 2/42 TO 116 TELLS IN THE WIND SHOW C8 PT-01-PO BUND W W 3456 JUHN TO PRINELL SALLY BALLY BALLY Bound Lake Kindering Stephen PAEUMENTA DENYDRAFFIER + MOUNTAL WIRES Leavesth R Luckers K 125 66 THE GED HOUSELL BELLY IN The case of the manage come that the said LINE TO STATE FROM HOUSE SELECTION IN

VS 150-REV. 1/1765

Marchand Baltimore Union Memorial Hoop tal Bathmore 536 Walken Ave France White Marcial Maryland Water Thomas R. Hamen Annie Detton No hierain Deeley Holland Establish Acute Leutena Same

100000	66 12263		TE OF DEATH	Registered Na.	66 12265		
1, N	E. CASE NO.	2. DATE AND HOUR OF DEATH					
(Ty	pe or Print) Vangas, Oeor	10	12-7-6	6	12:30 A M.		
3. 1	PLACE OF DEATH IN BALTIMORE MARYLAND			stitution: residence before admission)			
	FULL NAME OF (If not in hospital or institut	tion, give street		ALTIMORE C	OUNTY '		
1	NSTITUTION BALTIMORE CITY HO		C. CITY OR TOWN (If outside	city limits, write R	URAL ond give township)		
	O A940 EASTERN AVEN		Baltimore #20 RURAL 53-00				
3	/ Bul formine, voice			l, give location)	1107.000		
5. 5	SEX . 6. RACE 7. MAR	RIED, NEVER MARRIED	Box 383 - Gallo	Way Koad	#21220		
1	male white wind	MONULO (specify)	12-15-82 lost	83	Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
	Clerk Retired Conf	fectionery Store	Ovece		USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2			
	hours Vlange	as	Helen	1			
5. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL	17. INFORMANT	#2	1224 ADDRESS		
	No No	214-18-3740A	RECORDS_BCH_4940	EASTERN A	VENUE-BALTIMORE, M		
	18. 4 3 3 , O I	CAUSE O	/ =	1	ONSET AND DEATH		
	LEADING TO DEATH	(A)	ardiac arre	st	2 days		
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	s does not mean the made of dying, e.g.,  DUE TO					
	injury ar camplication which caused death.)						
	ANTECEDENT CAUSES	DUE TO	1 O mário mário 1 1 1 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1	**************			
	DISEASES OR CONDITIONS, if any, gi						
	UNDERLYING CONDITION lost.	,,-,-,-,-,-,					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO						
	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE F	INDINGS CONSIDERED		
CERTIFIC	WAS PERFORMED		Yes "	N CERTIFYING CAL	JSES OF DEATH?		
AL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?		City, give exact location)		
DIC	21 D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?			
ME	(APPROX.)	While At Not While At Work	e				
	22 1		77/4	66 1	2/2 10/0		
	22. I certify that (I) (this hospito) attend	10/7	1 ~ /	6600010	19.00		
	that (I) (we) last sow the deceased alive	W. S.		n (my) (dur) apir	nion death accurred on the date		
	ond haur and fram the causes stated obox	ve. (1) (we) (dld) (did nat) v	riew the body offer deoth.		23B. DATE SIGNED		
	Bruss MA DOS	M.D. Atte	ending Med. Stars. Director Phy	# 🔽	17/2/1/		
	23C. PHYSICIAN'S	10/1/66					
	NAME (Type)	100 M.D.	23D. ADDRESS AC AT MIS	TE CITY	Arostole		
244	A. BURIAL CREMATION, 24B, DATE 124	IC. NAME of CEMETERY OF CRI	EMATORY 24D. LOCA	ATION (C)	ly, town, or county) (Stote)		
	DEAAOVAL (Socilu)	reek Orthodox Ce			more, Md.		
254			25C. FUNERAL DIRECTOR		ADDRESS		
	A. DATE REC'D BY HEALTH DE 1966 254 NA	ME OF REGISTRAR MED E L'ALBRUMAR	Legnard J. Ruck	. Inc. Bal			
VS	150-REV. 1/1/65				TO THE PARTY		



was D.O.A.

of death

on the Such

death.

	00 1000	BALTIMORE CITY	HEALTH DEPARTMENT		66 12204	
B	mno 66 12269	CERTIFICA	TE OF DEATH	Registered No	00 12404	
	LE CASE NO. NAME OF DECEASED	OEKTII ICA		HOUR OF DEATH		
(T	ype or Print) HARRY C.	CLARKE	12-	7-66	7:55 A.M.	
3.	PLACE OF DEATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, if ins	litution: residence before admission)	
1	FULL NAME OF (If not in hospital or in	stitution give street	MD.			
1	HOSPITAL OR address or location)	and	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
		1 112 - 017 01	BALTO. #6	2	27-61	
	UNION MEMORIA	L HOSPITAL		ural, give location)	-	
	44		3719 RIDG	ECROFT	ROAD	
5.		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	7-13-99	ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.	
10	A. USUAL OCCUPATION (Give kind of work 108,	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF	
		Vestern LECTRIC Co.	ALLENTOWN	1 00	WHAT COUNTRY?	
	FATHERS NAME	CECTIETE SOT	14. MOTHER'S MAIDEN NAM		03/4	
	CHARLESI CLARKE		ALICE Y			
15	. Was Deceased Ever in U. S. Armed Forces? es, no ar unknown) (If yes, give wor ar dates of	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	No		Mrs. Mary C. Cla	arke	(Same)	
Ī	18. / 20 / I	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH	
-1	DISEASE OF CONDITION DIRECT	E)	1. I MA ANGELLA	01000	6-60	
	(This does not meon the mode of dying		Ulmonary	earma	5 701	
	heart loilure, asthenia, etc. It means the injury or complication which caused dea	AL Y			1	
	ANTECEDENT CAUSES	(B) Ac	-UTe Myaca	rdial ING	ert 6 Apr	
	DISEASES OR CONDITIONS, if ony,		erigsclerolic Desease			
	rise to the obove couse (A) stoll UNDERLYING CONDITION lost.	ling the (C)	1) 4(0050	***************************************		
			0.426426			
OFF	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.					
MOLE A CHAIR	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORA	ON FOR WHICH OPERATION	No No	208. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?	
14.0	OR CONTRIBUTING CAUSE OF DEATH Inglify medical examiner	21 B. PLACE OF INJURY le.g., ir hame, larm, toctary, street, at etc.)		(If in Baltimore	City, give exact location)	
1	21D. TIME (Manth) (Day) (Year) IH	our) 21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		

While A Nat While IAPPROX. Wark At Wark 19 66010 22. I certify that (1) (this hospital) attended the deceased from 66 that (1) (we) lost sow the deceased alive ond that in (my) (por) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATUR 23B. DATE SIGNED Attending Phys. Med. Director M.D.

23D. ADDRESS

THE

VS 150-REV. 1/1/65

FRANK A.

12/10/66.

CAROZZA

24C. NAME of CEMETERY OF CREMATORY

Holy Redeemer Cemetery

23C. PHYSICIAN'S NAME (Type)

25A. DATE REGIO

24A. BURIAL CREMATION, 24B. REMOVAL ISpecity)
Burial 12

25C. FUNERAL DIRECTOR

UNION

ADDRESS

HOSPITAL

Baltimore, Md.

(City, tawn, or county)

Leonard J. Ruck, Inc. Balto. Md. 21214

24D. LOCATION

Brown and the second Markett Committee Committe entre de la companya State AL offer the seal of the seal

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

10:20 A.

If Under 1 Yr. Months: Days Il Under 24 Hrs. Hours

12. CITIZEN OF WHAT COUNTRY?

Behounek ADDRESS

(Same)

INTERVAL BETWEEN ONSET AND DEATH

nonth

IN CERTIFYING CAUSES OF DEATH?

and that in my opinion death accurred on the date

(City, town, or county)

(Stote)

ADDRESS

and

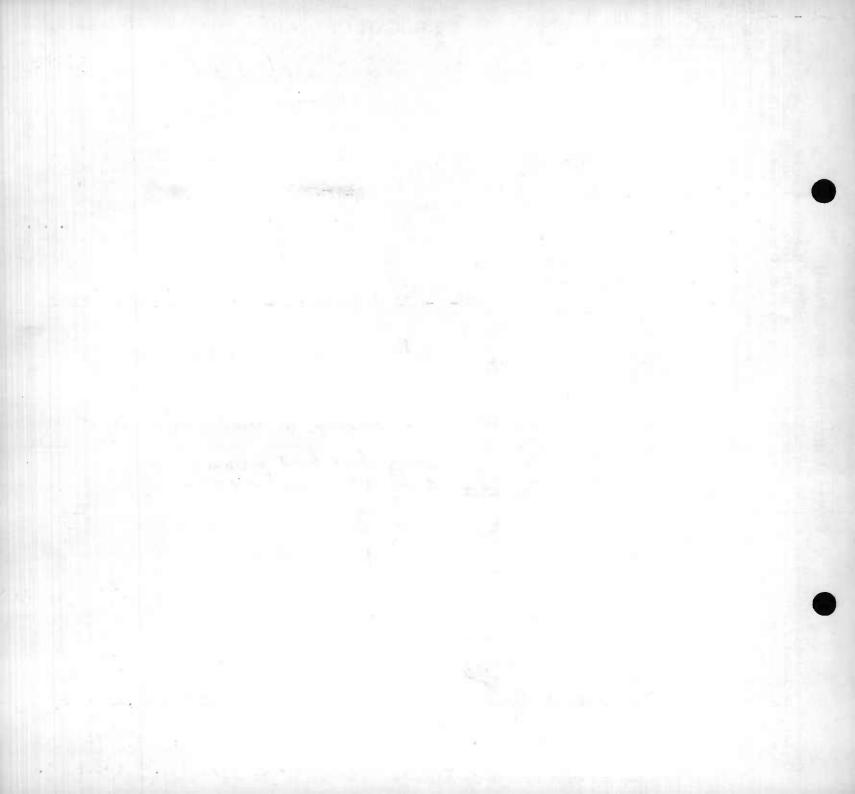
IMPORTANT

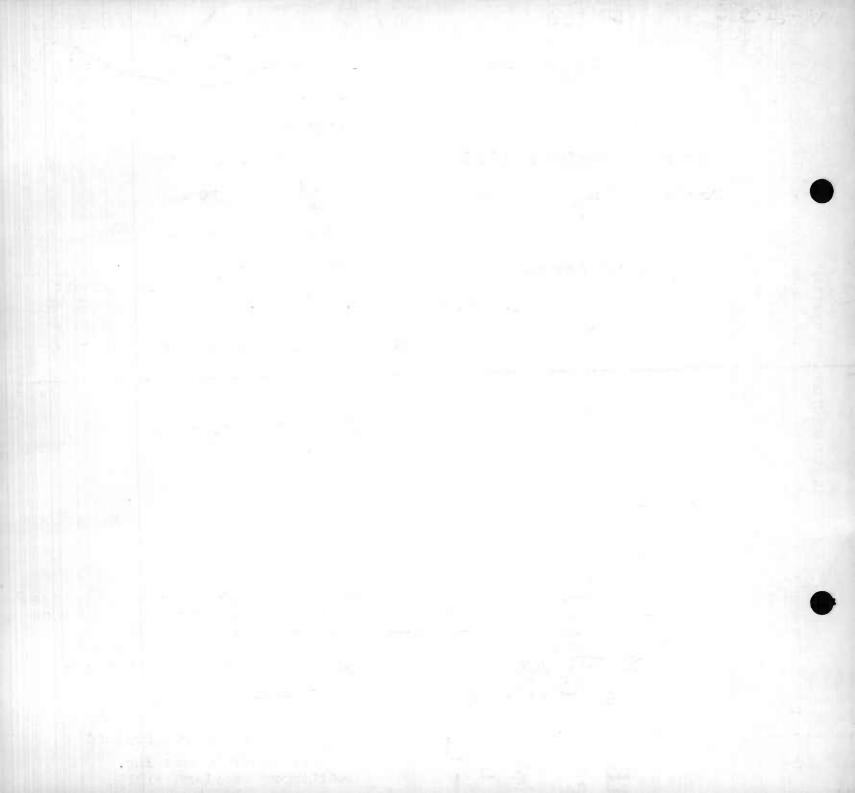
FUNERAL DIRECTOR:

the

approved

of name one of Career or hing week atourselecte aboromichen fram 100 100 37 7 32 John Gary Green 18:17 532 ×





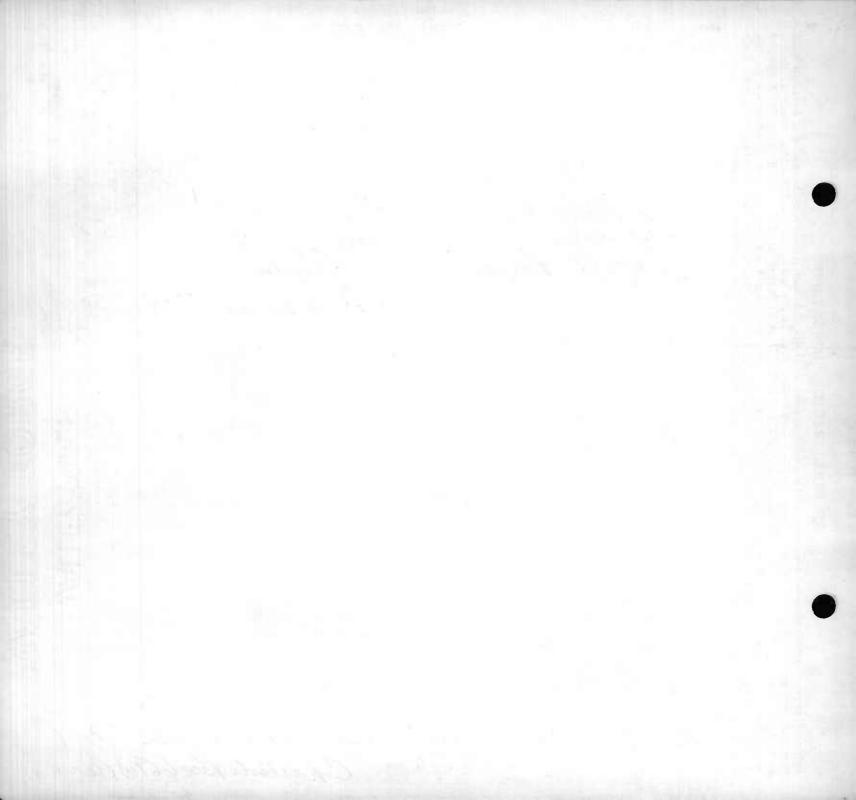
Dialetic resplinipoper 194 Vicinia due to a A dieser proportalesseen den toto I die conquer on heart factions. Ge Merens V 14 70 cheenle there + people -Q NAMUM

CC 103CO	BALTIMORE CITY	HEALTH DEPARTMENT		66 12269
BIRTH NO. 66 12269 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	00 15400
NAME OF DECEASED	•	2. DATE AN	D HOUR OF DEATH	
Type or Print) WILLIAM FREDE			c. 7 196	6 6 B
FULL NAME OF HOSPITAL OR Oddress or location)		Md. Balti	more	titution: residence before admission Balls Co.,
INSTITUTION	. /	Catonsville	side city limits, write R	URAL ond give township)
38 UNIVERSITY	HOSF.	D. STREET ADDRESS (IF 425 Academy R		0 0 00
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthdoy) 72	If Under 1 Yr, If Under 24 H Months Doys Hours Min,
0A. USUAL OCCUPATION (Give kind of work 10B, KIN lone during most of working life, even if retired)  Retired	ND OF BUSINESS OR INDUSTRY	New Jersey	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
GEORGE MELLENDIC	ck	ELIZABETH	SCULLY	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 216-03-9935	Mrs. Willi A 425 Academ	am F. Meller ny Rd #28	ndick ADDRESS
18.260 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		. 0 ,	+	OHISET AND DEATH
LEADING TO DEATH  (This does not meen the mode of dying,	(A) 1/4	reardeal upa	ulioi	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
heart failure, asthenia, etc. It means the dis	eose,	SCVD		
injury or complication which coused death.)	(B) DIA	DETES MELL	-ITUS	
ANTECEDENT CAUSES	DUE TO	X		***************************************
DISEASES OR CONDITIONS, if ony, or rise to the obove couse (A) storing	474.	PUYTREN'S C	ONTRACTURE	5
UNDERLYING CONDITION lost.	000000111170000		. H 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED T				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, or etc.)	n or obout 21 C. WHERE DID ffice bldg., tNJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year) (Hourless (APPROX.)	21E. INJURY OCCURRED  While At Not While Work At Work		URY OCCUR?	
22. I certify that (I) this hospital atten	ded the deceased fram	12/2	19 (66 ta 12)	7 19.6.6
that (1) (we) last saw the deceased alive				ian death accurred an the d
and haur and from the causes stated abo				
23A. SIGN AT URE	. S. (Sid) (did ildi) (	The budy unter death.		23B, DATE SIGNED
Dune C COL	M.D. Atte	ending Med.	Stoff	12/7/66
23 C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phy s.	17/66
NAME (Type)	M.D.			
24A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Čit	y, town, or county) (Stote)
Buinal 12-10-66	New Cethodnel	Com	ltimore Ma	
	New Cathedral	25C. FUNERAL DIRECTOR	ltimore, Md.	ADDRESS
DFC 8 1966 R.C.	of E. Janlouth	Witzke F.D		
VS 150-REV, 1/1/65			TO L'AMONDO	V. 241 V 0

HARRY YTHERE WAS

Many new production of

00 49970	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 12270
ыкти но. 66 12270	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO.  1. NAME OF DECEASED			ID HOUR OF DEATH	
(Type or Print)	00	2. 0412 41	Las CC	440
3 BLACE OF DEATH IN PARTIA OPEN AND THE	unell	(A)	4/66	M
3. PLACE OF DEATH IN BALTIMORE MARYLAND		A. STATE / B. COUN	TY	stitution, residence before admission)
FULL NAME OF (If not in hospital or institu	tion give street	Mod	1	1-02
HOSPITAL OR oddress or location)	mon, give sheer	C. CITY OR TOWN (If out	tside city limits, write	RURAL and give township)
INSTITUTION	4-0	Baltimore		
38 University	ospilal	1	rural, give location)	
23 2/11/100	1 120 0-	700	1 - (	
	of Marylan	121 W.	Jaratogo	
5. SEX 6. RACE 7. MAI	OWED, DIVORCED (specify)		9. AGE (In years /	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
101	Civilia in Civiliani,	2/1/05	61	
10A. USUAL OCCUPATION (Give kind of work 108, KIT	D OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF
done during most of working life, even if retired)		71/02/0		WHAT COUNTRY?
Laborer		Mayta	ud	11514
13. FATHER'S NAME	0.0	14. MOTHERS, MAIDEN NA	ME	
Hongo A.	muell	V1. 10		
surge on	well	maa		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	a georg	ADDRESS
	215-10-0513	Lena Fun	1,00 12	9 W. Sanatoga
18 50 4 61 14		OF DEATH	need 1	INTERVAL BETWEEN
18.260 X I	CAUSE	DE DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0 4		
LEADING TO DEATH	(A)	acute Md	ph 	
(This does not meen the mode of dying, heart failure, asthenio, etc. It means the dis				
injury or complication which caused death.)		D : 1 +	7	
ANTECEDENT CAUSES	(8)	Wiaveles,	pneu	monea
DISEASES OR CONDITIONS IS	DUE TO			
DISEASES OR CONDITIONS, if any, grise to the obove cause (A) stoting				
UNDERLYING CONDITION last.	(6)		***************************************	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO				
U 19A. DATE OF OPERATION 1198, CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	DI 208 IF YES WERE	FINDINGS CONSIDERED
WAS PERFORMED		A /	IN CERTIFYING CA	USES OF DEATH?
æ ()		106		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg. INJURY OCCUP?	(If in Baltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	HRY OCCUP?	
S OF INJURI	White At Not Whi		ON OCCUR:	
(APPROX)	Work At Work			
22. I certify that (I) (this haspital) atten	ded the deceased from		10 4-	10
			19ta	19
that (I) (we) lost sow the deceased alive	on	ond th	at in (my) (aur) opi	nion deoth occurred on the dat
ond haur and from the causes stated abo	ve. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE				23B, DATE SIGNED
1 - 01-		ending Med.	Stoff	
William U. 160	vill Mile Phy	ys. Director	Phys.	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11 1, 1	
M'11' C 0 C	M.D.	University	Hospital.	University of MI
24A. BURIAL CREMATION, 24B, DATE	CVIFT 4C. NAME OF CEMETERY OF CE	SAAATORY 1949	OCATION IS	101/01/08
REMOVAL (Specify)	ACTIVATIVE OF CENTETERS OF CI	24D. L	OCATION (C)	ty, town, or county) (Stote)
12mal 78/66	W Clubur	W /	alloma	e ma
25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DEC 8 1966 Q	B. C. Fr. Co. M. H.	10/1/2,12	al Karol	6111 Renzo
	المالية المالية	- pares	in june 6	orn David St
VS 150-REV. 1/1/65				



VS 150-REV. 1/1/65

EMC NAMARA  BALTIMORE, MARYLAND  If not in hospital or institution, give street oddress or location)  If not in hospital or institution, give street oddress or location)  If not in hospital or institution, give street oddress or location)  If not in hospital or institution, give street oddress or location)  If not in hospital or institution, give street oddress or location of the property of the	Where deceased lived OUNTY  D  If outside city limits,  RE  (If rurol, give lacation  AST FEDER  9. AGE (In years last birthday)  Same of the country  NAME	write RURAL and give township)  al STREET  If Under 1 Yr. If Under 2 Months: Days Hours MAT COUNTRY?  ADDRESS  INTERVAL BETWEE
BALTIMORE, MARYLAND  If not in hospital ar institution, give street oddiess or lecotion!  SHOPKINS HOSPITAL  If Not in hospital ar institution, give street oddiess or lecotion!  SHOPKINS HOSPITAL  If Not in hospital ar institution, give street oddiess or lecotion!  SHOPKINS HOSPITAL  If Not in hospital ar institution, give street oddiess or lecotion!  SHOPKINS HOSPITAL  If Not in hospital ar institution, give street oddiess or lecotion!  SHOPKINS HOSPITAL  If Not in hospital ar institution, give street oddiess of lecotion!  SHOPKINS HOSPITAL  If Under IT IN It UNDER IT	Very deceased lived OUNTY  D  If outside city limits,  RE  (If rurol, give lacation  AST FEDER  9. AGE (In years last birthday)  Fareign country)  NAME	write RURAL and give township)  al STREET  s If Under 1 Yr, If Under 2 Months; Days Hours Months; Days
A. STATE   Where deceased lived. If institution, residence before admiss to COUNTY   MARYLAND	Where deceased lived OUNTY  D  If outside city limits,  RE  (If rurol, give lacation  AST FEDER  9. AGE (In years last birthday)  58  (areign country)  NAME	write RURAL ond give township) on)  AL STREET  If Under 1 Yr. If Under 2 Months; Days Hours Months; Days M
If not in hospital ar institution, give street oddress or location  S HOPKINS HOSPITAL  E	D  If outside city limits,  RE  (If rurol, give location  AST FEDER  9. AGE (In years last birthday)  Foreign country)  NAME	write RURAL ond give township) on)  AL STREET  If Under 1 Yr. If Under 2 Months; Days Hours Months; Days M
MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE  D. STREET ADDRESS (If rurol, give lacation)  1707 EAST FEDERAL STREET  E. T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED lapecity)  MARYLAND  E. D. STREET ADDRESS (If rurol, give lacation)  1709 EAST FEDERAL STREET  E. D. STREET ADDRESS (If rurol, give lacation)  1709 EAST FEDERAL STREET  B. DATE OF BIRTH  9. AGE (In years last birthday)  Months; Days Hours Million, still Under 1 Yr. Months; Days Hours Million, was a considered and still under still u	RE (If rurol, give lacation AST FEDER 9. AGE (In years last birthday) Series of areign country) NAME	STREET  S If Under 1 Yr. If Under 2 Months: Days Hours A  12. CITIZEN OF WHAT COUNTRY?  L. S. C.  ADDRESS INTERVAL BETWEE
S HOPKINS HOSPETAL  E	RE (If rurol, give lacation AST FEDER 9. AGE (In years last birthday) Series of areign country) NAME	STREET  S If Under 1 Yr. If Under 2 Months: Days Hours A  12. CITIZEN OF WHAT COUNTRY?  L. S. C.  ADDRESS INTERVAL BETWEE
E TONDITION DIRECTLY  NO DEATH  CAUSE OF DEATH	(If rurol, give lacation  AST FEDER  9. AGE (In years last birthday)  58  fareign country)	STREET  s If Under 1 Yr. If Under 2 Months: Days Hours  12. CITIZEN OF WHAT COUNTRY?  LL, S, CL  ADDRESS  INTERVAL BETWEE
E TONDITION DIRECTLY  No couse (A) stating the Direct Address (A) stating the Direct (A) stating the Direc	(If rurol, give lacation  AST FEDER  9. AGE (In years last birthday)  58  fareign country)	STREET  s If Under 1 Yr. If Under 2 Months: Days Hours  12. CITIZEN OF WHAT COUNTRY?  LL, S, CL  ADDRESS  INTERVAL BETWEE
E 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecify)  EGRO  MARRIED  MARRIED  MARRIED  MARRIED  MODITION DIRECTLY  NO TO DEATH  (A)  O TO DEATH  O TO TO DEATH  O TO TO TO TO TO TO THE NOT THE NO	9. AGE (In years last birthday) 58 fareign country) NAME	If Under 1 Yr. If Under 2 Months; Days Hours A Pour 12. CITIZEN OF WHAT COUNTRY?  LL, S, CL  ADDRESS INTERVAL BETWEE
Tondition directly  Not course of service)  Total means the disease, or which caused death.)  Total Cause (A) stating the direct cau	9. AGE (In years last birthday) 58 fareign country) NAME	If Under 1 Yr. If Under 2 Months; Days Hours A Pour 12. CITIZEN OF WHAT COUNTRY?  LL, S, CL  ADDRESS INTERVAL BETWEE
WIDOWED, DIVORCED Ispecify)  MARRIED  7-20-08  (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  14. MOTHER'S MAIDEN NAME  MAUDE  U. S. Armed Forces? give wor or dates of service)  CAUSE OF DEATH  CONDITION DIRECTLY  NG TO DEATH  In the mode of dying, e.g., o., etc. It means the diseose, in which caused death.)  DEENT CAUSES  (B)  DUE TO  Address  (B)  Address  (B)  DUE TO  Address  (B)  DUE TO  Address  (B)  DUE TO  Address  (B)  Address	last birthday) 58 (areign country)	Months Days Hours A  12. CITIZEN OF WHAT COUNTRY?  L, S, CL  ADDRESS  INTERVAL BETWEE
Interval between on the made of dying, e.g., e.e., in which caused death.)  Conditions, if any, giving e.g., eacuse (A) stating the DITION last.  Il CONDITIONS, if any, giving e.g., eacuse (A) stating the DITION last.  Il CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE MONTH of the most of the	NAME	ADDRESS  ADDRESS  INTERVAL BETWEE
It. MOTHERS MAIDEN NAME    14. MOTHERS MAIDEN NAME   14. MOTHERS MAIDEN NAME   14. MOTHERS MAIDEN NAME   14. MOTHERS MAIDEN NAME   15. MOTHERS MAIDE	NAME VENAMA RA	ADDRESS  ADDRESS  INTERVAL BETWEE
U. S. Armed Forces? give wor or dates of service)  CAUSE OF DEATH  CONDITION DIRECTLY no. the made of dying, e.g., a, etc. It means the disease, n which caused death.)  EDENT CAUSES  NDITIONS, if any, giving the cause (A) stating the DITION lost.  CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE  MAUDE  17. INFORMANT  ADDRESS  LEONARD MCNAMARA 1639 N.BROAD WAY  NONSET AND DEATH  (A) GI bleeding  CAUSE OF DEATH  ONSET AND DEATH  Adeno Carcinoma—  DUE TO  Alle Unknown  ZMMNLS  CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE  DOWN CAUSING IT.	MENAMARA	1639 N. BROAD WA
U. S. Armed Forces? give wor or dates of service)  CAUSE OF DEATH  CONDITION DIRECTLY In the made of dying, e.g., a, etc. It means the disease, in which caused death.)  EDENT CAUSES  NDITIONS, if any, giving the cause (A) stating the DITION lost.  CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE  MAUDE  17. INFORMANT  ADDRESS  LEONARD MENANT  ADDRESS  ADDRESS  INTERVAL BETWEEN ONSET AND DEATH  ADDRESS  ADDRESS  INTERVAL BETWEEN ONSET AND DEATH	MENAMARA	1639 N. BROAD WA
U. S. Armed Forces? give wor or dates of service)  1 6. SOCIAL SECURITY NO.  17. INFORMANT  LEONAND MENANDARA 1639 N. BROAD WAY  LEONAND MENANDARA 1639 N. BROAD WAY  INTERVAL BETWEEN ONSET AND DEATH ONSET A	MENAMARA ceding	1639 N. BROAD WA
U. S. Armed Forces? give wor or dates of service)  1 6. SOCIAL SECURITY NO.  17. INFORMANT  LECNARD MENAMARA 1639 N. BROADWAY  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEAT	19NAMARA ceding	1639 N. BROAD WA
CAUSE OF DEATH  CONDITION DIRECTLY IN the made of dying, e.g., a, etc., it means the disease, in which caused death.)  EDENT CAUSES  NDITIONS, if any, giving e cause (A) stating the DITION lost.  I CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE DON CAUSING IT.	MENAMARA eeding	1639 N. BROAD WA
CONDITION DIRECTLY NG TO DEATH  In the mode of dying, e.g., o, etc. It means the disease, in which caused death.)  EDENT CAUSES  NDITIONS, if any, giving e cause (A) stating the DITION lost.  II  CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE MODE ACUSING IT.	MNAMARA eeding	
CONDITION DIRECTLY NG TO DEATH  In the mode of dying, e.g., o, etc. It means the disease, in which caused death.)  EDENT CAUSES  NDITIONS, if any, giving e cause (A) stating the DITION lost.  II  CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE MODE ACUSING IT.	eeding	
CONDITION DIRECTLY NG TO DEATH  I the mode of dying, e.g., a, etc. It means the disease, n which caused death.)  EDENT CAUSES  NDITIONS, if any, giving e cause (A) stating the DITION last.  I CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE TON CAUSING IT.	eeding	Zdos
NDITIONS, if any, giving e cause (A) stating the IC)  DITION last.  II  CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE HON CAUSING IT.	eeding	2008
NDITIONS, if any, giving e cause (A) stating the IC)  DITION last.  II  CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE TON CAUSING IT.		
CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE HON CAUSING IT.	Hum	ZVIII
CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE HON CAUSING IT.		
NON CAUSING IT.		
TON LOD CONDITION FOR WILLIAM OPERATION 1900 AND AND ADD IN THE CONDITION OF THE CONDITION		
TION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes of No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	Na) 208, IF YES, Y	WERE FINDINGS CONSIDERED
NO IN CERTIFIED CAUSES OF DEATH?	IN CERIPTING	G CAUJES OF DEATH:
UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID III in Boltimore City, give exact location)		altimore City, give exact location)
I chose of the final focial, steel once organitation occur.	n.	
exomined etc.)	INJURY OCCUR?	
exomined etc.)		
exomined etc.)		
WAS PERFORMED IN CERTIFYING CAUSES	IN CERTIFYING	
exominer) etc.)	INJURY OCCUR?	
exominer) etc.)  (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		
exominer) etc.)  (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DtD INJURY OCCUR?	19 10	12/2. 10
exominer) etc.)  (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DtD INJURY OCCUR?  While At Work At Work		
etc.)  (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While Work 14 Work 15 Not While 16 Not Work 17 Not While 17 Not While 17 Not While 18 Not Work 19 Not Work 19 Not While 19 Not Not While 19 Not Not While 19 Not Not Not While 19 Not Not Not Not While 19 Not		ry opinion deorn occurred on th
etc.)  (Day) (Year) (Hour) 21E INJURY OCCURRED  While At Work  (Year) (Hour) (Year) (Hour) 21E INJURY OCCURRED  While At Work  (Year) (Hour) (Year) (Hour) 21E INJURY OCCURRED  While At Work  At Work  19	oth.	
etc.)  (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While Work 14 Work 15 Not While 16 Not Work 17 Not While 17 Not While 17 Not While 18 Not Work 19 Not Work 19 Not While 19 Not Not While 19 Not Not While 19 Not Not Not While 19 Not Not Not Not While 19 Not		23B. DATE SIGNED
etc.)  (Day) (Year) (Hour) 21E INJURY OCCURRED  While At Not While At Work  (String of the deceased of the deceased from 18 30 66 19 to 12 2 19  When the deceased olive on 12 2 19  When the causes stoted obove. (I) (We) (did) (did not) view the body ofter deoth.		
etc.)  (Day) (Year) (Hour) 21E INJURY OCCURRED  While At Work  Not While At Work  (Out) (Hour) 21E INJURY OCCURRED  While At Work  Not While At Work  19 to 12 2 19  The causes stoted obove. (I) (We) (did) (did not) view the body ofter deoth.  Attending Med. Staff	Stoff R	
etc.)  (Day) (Year) (Hour) 21E INJURY OCCURRED  While A1	Stoff Phys.	
etc.)  (Day) (Year) (Hour) 21E INJURY OCCURRED  While At Work  Not While At Work  At Work  (Staff Phys.)  (Attending Phys.)  (Page 1) (Hour) 21E INJURY OCCURRED  While At Work  19 to 12/2 19  19 when deceosed olive on 12/2/166 19 ond that in (my) (our) opinion death occurred on the causes stated above. (I) (We) (did) (did not) view the body ofter death.  23B. DATE SIGNED	Staff Phys.	
etc.)  (Day) (Year) (Hour) 21E. INJURY OCCURRED  While At Work  Not While At Work  (At Work) 19 to 12/2 19  when deceosed olive on 12/2/166 19 ond that in (my) (our) opinion death occurred on the causes stated above. (I) (We) (did) (did not) view the body ofter death.  Attending Med. Staff Phys. 23B. DATE SIGNED  23D. ADDRESS  M.D. T.		HOSPITAL
etc.)  (Doy) (Year) (Hour) 21E INJURY OCCURRED  While At Work  (Not While At Work  (Not While At Work)  (Out) (Hour) 21E INJURY OCCURRED  While At Work  (Out) (Year) (Hour) 21E INJURY OCCURRED  While At Work  (Out) Ottended the deceosed from  (Out) Opinion deoth occurred on the outless stoted obove. (I) (We) (did) (did not) view the body ofter deoth.  (Out) (We) (did) (did not) view the body ofter deoth.  (Out) Out (Not) Out (Not) Out (Not) Out) Opinion deoth occurred on the outless stoted obove. (I) (We) (did) (did not) view the body ofter deoth.  (Out) Out (Not) Out (	HOPKINS	
etc.)  (Day) (Year) (Hour) 21E INJURY OCCURRED  While At Work  (Not While At Work  (Not While At Work)  (Out) (Hour) 21E INJURY OCCURRED  While At Work  (Out) (Year) (Hour) 21E INJURY OCCURRED  While At Work  (Out) Ottended the deceosed from  (Out) Opinion deoth occurred on the outless stoted obove. (I) (We) (did) (did not) view the body ofter deoth.  (Out) (We) (did) (did not) view the body ofter deoth.  (Out) Out (Not) Out (Not) Out (Not) Out) Opinion deoth occurred on the outless stoted obove. (I) (We) (did) (did not) view the body ofter deoth.  (Out) Out (Not) Out (	HOPKINS	
etc.)  (Day) (Year) (Hour) 21E INJURY OCCURRED  While At Work  (Staff Phys.)  (May) (Year) (Hour) 21E INJURY OCCURRED  While At Work  Not While At Work  Not While At Work  19 to 12/2 19  Ond that in (my) (our) opinion death occurred on the state causes stated above. (I) (We) (did) (did not) view the body ofter death.  Attending Med.  Phys.  23D. ADDRESS  M.D.  THE J HNS HOPKINS HOSPITAL	HOPKINS D. LOCATION  ARBUTU	S Md.
WAS PERFORMED  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE D	0	IN CERTIFYIN  III III III III III III III III III

ALANA 2 TITE

TI ITI

TEST IA E TOS

THE THE SECTION OF

CELLET CHIEF BEALT

- 1-1

JES LE LICLIANO

300

POLICE LEGIC PROPERTY AND ADMINISTRA

No standard

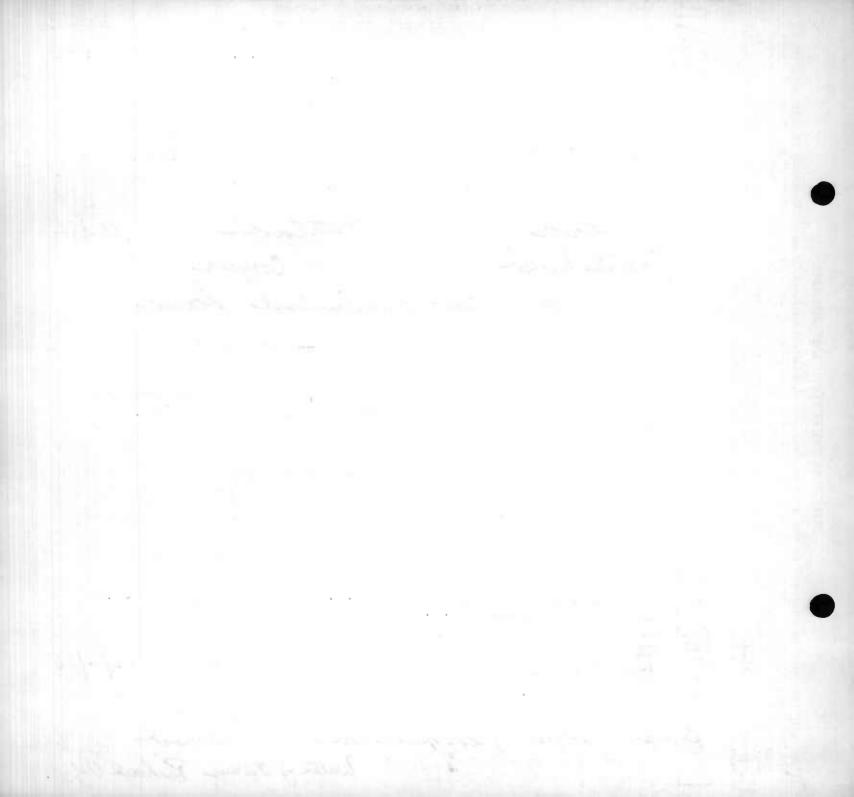
Street, State of State of

The Hall

200

F. It AM Eint

THE CHES IN HIS TAL



BALTIMORE CITY HEALTH DEPARTMENT

CAUS

DUE TO

Not

AL Y

CA	TE OF DE	ATH Registered	No. 66 122/3
D	Sr.	DECEMBER 5	, 1966 11:10A M
	4. USUAL RESID	B. COUNTY ND	. If institution: residence before admission)
	BALTIM		write RURAL and give township)
		RBUTUS AVE.	
,)	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
STRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LA		YLAND	U.S.A.
	14. MOTHER'S M		
	PEARL	CHANEY	
	17. SPPRMANT		ADDRESS
7	XXXX AG	NES HOSPITAL	RECORES
	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	to tit	i melaum	
u	NUSUAL	c munique	
	3 C T T T T T T T T T T T T T T T T T T	***********	
		0x 0 0x x x x x x x 0 x x x 0 0x x x x	
_			
			3 4 7
	20 A. AUTOPSY	? (Yes or No.) 20B. IF YES, WIN CERTIFYING	PERE FINDINGS CONSIDERED CAUSES OF DEATH?
et, of	n or obout 21C.WH	OCCUR?	timore City, give exact location)
While Nork		W DID INJURY OCCUR?	(i) / 1000
-	OVEMBER	29 1966 ta	DECEMBER 5 19 66
			apinian death occurred an the date
	iew the bady af		23B, DATE SIGNED
Atte	ending M	ed. Stoff Phys.	12-5-66
Phy	23 D. ADDRESS	rector Phys.	,0
A.D.		S HOSPITAL, E	BALTO.MD.
CRE	MATORY	24D. LOCATION	(City, town, or county) (State)
lem	eterv	3801 Frederic	ck Ave. Balto, Md. 29

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/65

TARLY TO STEEL TO STEEL TO STEEL THE STATE OF THE STATE O

A STATE OF THE STA

Yatri 6 July 19424

TERROES - TITEON REMA INC. - - TO THE WALL AND THE PARTY OF THE PARTY

nectrotate melanema

In many fr

ne lastete malegrand melanne game the

Sugar & Se frague

Popo ataluman. Just A PALANCAR

BONSEROWAS HOSPITAL

to it is with

Charch Home + Hospital

Make White Married

Redried Boom w. (orth Sond)

Edgar S. Evans

6005 Aurgess Die (14) 9-27-05 61

Maggie C Killmond

Evalyn MEvans - Same

20 28 fg 66 Dec 5 /16

1. NAME OF DECEASED (Type or Print) MAR	Y WALSH	December 3, 19	
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD  L OR INSTITUTION, GIVE STREET	Maryland	institution: residence before odmission) COUNTY
HOSPITAL OR ADDRESS OR LOCAT	10N)	c. city or town (If outside corporate limits, Baltimore	write RURAL and give township)
Union Memorial Hospi	tal (DO)	A) D. STREET ADDRESS (If rurol, give locotion)  3027 Keswick Road	
Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	8. DATE OF BIRTH 9. AGE (In yellost birthdoy) Aug 15,1913	Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) Heuewife II3. FATHER'S NAME	OR MIND OF BUSINESS OR INDUST	Scranton, Pa	12. CITIZEN OF WHAT COUNTRY?
Fingene McColliga  15. was deceased Ever in U.S. ARMED  (Yes, no or unknown), lift yes, give wor of doles	FORCES? 16. SO CIAL of service) SECURITY NO.	Bridget Lawless.	ADDRESS
no no	?	Michael P. Walsh. 302	7 Keswick Road
DISEASE OR CONDITION DIRE LEADING TO DEATH  (This does not meen the mode of heart failure, asthenia, etc. It means to injury or complication which coused de ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST.	dying, e.g., DUE TO  IV, GIVING  (A) Arte.  DUE TO  (B)  DUE TO	riosclerotic heart disease	
OTHER SIGNIFICANT CONDITIONS C	ATED TO THE		
19A. DATE OF OPERATION 19B. COND WAS PERFO	218. PLACE OF INJURY (e.g.	Yes Yes Yes	AUSES OF DEATH?
UNDERLYING OR CONTRIB-	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	T WHILE WORK	FIRST FALL
22. I certify that I held an Inc			
ACTUAL SIGNATURE Warls	0.0	CHIEF MEDICAL EXAMINER   D. ASSISTANT MEDICAL EXAMINER   X	DATE SIGNED December 4, 1966
EXAMINER'S Charles S	or opening to the contract of	C	

Chart the treet, St. day Seventon, fa Sendinal Jambers Thirty of Chicagon . I feetall .

Telegraph To Control of the Control

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Air 450 .7 D

manager and a

ne par ser in medi alla 2 colline in

5611 to Harry Avenue

The contract of the same of th

Business deserte Margiand aldriques

Variance Brown Figure Brown

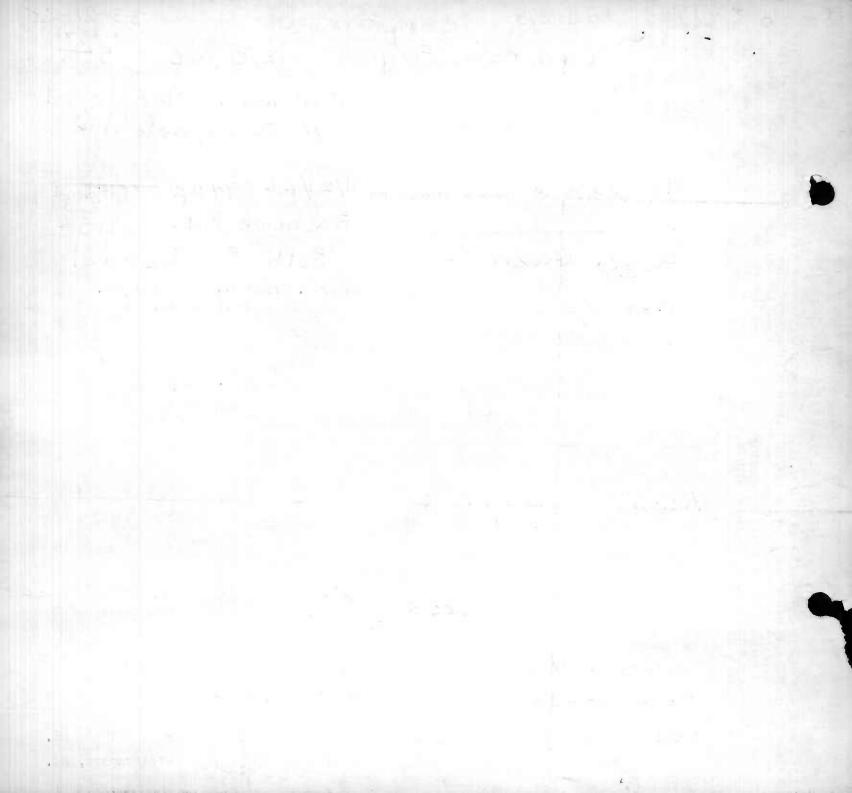
Wilsenberg V. Warron, Soil ot. Baren

V-Marie

-0/1

10 May 10 A

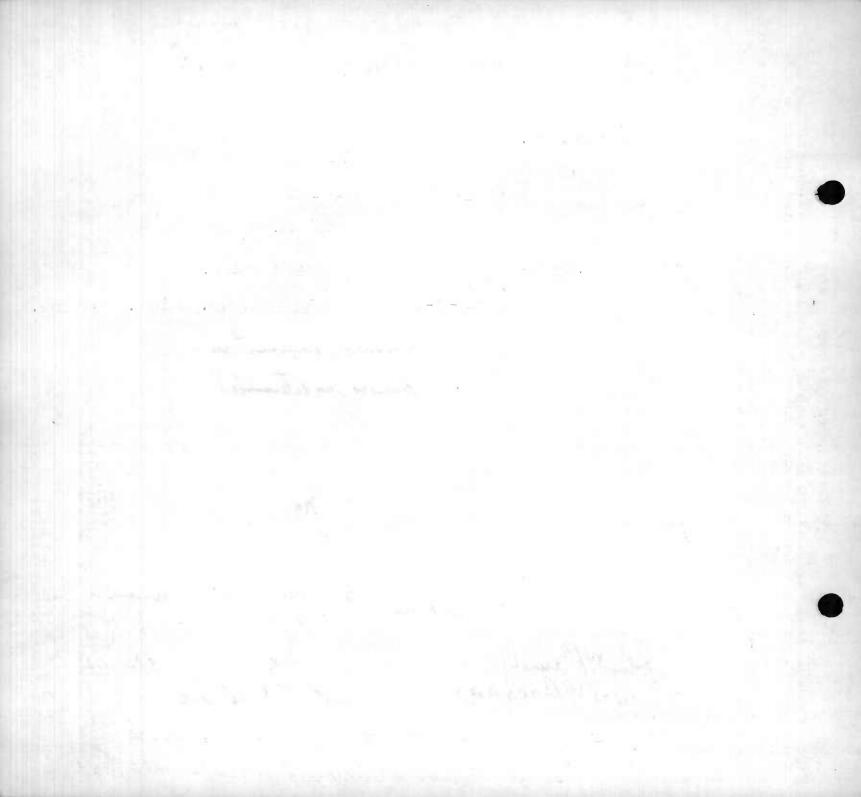
VS 150-REV. 1/1/65



a hospital and

BIRTH		9				66 12279	
AFC	NO. CASE NO.		CERTIFICA	TE OF DEATH	Registered Na	•	
.NAN	ME OF DECEASED			2. DATE	AND HOUR OF DEATH	30 0	
ype o	or Print) Daisy	Elizabe	th Campbe	ell De	cember 6, 19	66 22	
PLA	ACE OF DEATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If	institution: residence before odmiss	
HO:	LL NAME OF (If not in hospital of oddress or location STITUTION	or institution,	give street	Maryland OF C. CITY OR TOWN OF	autside city limits, write	RURAL and give township)	
(3	Wesley Home, I	20		Baltimore		27-15	
7	O world Home, I	ile •		D. STREET ADDRESS  2211 West	(If rurol, give location) Rogers Avenue		
- SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	1 1/ 11 1 1 2 2 1/ 11 1 04 1	
F	W		ngle	2/19/1880	last birthdoyl	Months Doys Hours Min	
	SUAL OCCUPATION (Give kind of work luring most of working life, even if retired)			11. BIRTHPLACE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY?	
N	None			Baltimore, Maryland			
3. FA	THER'S NAME			14. MOTHER'S MAIDEN	AME		
	Kenneth Campbe	ell		Elizabeth	n Releter		
5. Wa	as Deceased Ever in U. S. Armed Fare	es?	1 6. SOCIAL	17. INFORMANT	T DOT 2 CGL	ADDRESS	
es, no	o or unknown) (If yes, give wor or date	s of service)	SECURITY NO.	Min II. 7	т	22	
18.			216-03-1835	The Wesley Ho	ome, inc. 22	211 W. Rogers Ave	
	njury ar camplication which caused	the disease, death.)	hu	any unditor	unied		
DI	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ( se to the above cause (A)  JINDERLYING CONDITION lost.	death.) any, giving	•	und carcino ary mudeter	unied		
DI ris	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a see to the above cause (A)	death.)  any, giving stating lhe  ONTRIBUTIN TED TO THE	(C)	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?	
OF TOP	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if of see to the above cause (A) INDERLYING CONDITION lost,  THE SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT CONDITION COND	death.)  any, giving stating lhe  ONTRIBUTIN TED TO THE.  DITION FOR ORMED	G IE WHICH OPERATION SPLACE OF INJURY (e.g., ir ne, form, foctory, street, of		No) 208, IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?	
In DE CERTIFICATION OF THE COLUMN OF THE COL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if of see to the abave cause (A) INDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT OF A DATE OF OPERATION TO CAUSING IT OF A DATE OF OPERATION TO CAUSING IT OF A DATE OF OPERATION TO CAUSE OF TA. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	death.)  any, giving stating lhe  ONTRIBUTINTED TO THE.  ORMED  21B hometc.  (Hour) 21E	G IE WHICH OPERATION  SPLACE OF INJURY (e.g., ir ne, form, foctory, street, of )  INJURY OCCURRED ite At Not While	20 A. AUTOPSY? (Yes or or obout or obout injury occurs)	No) 208, IF YES, WERE IN CERTIFYING C.		
DISTRICT OF THE PROPERTY OF TH	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if of see to the above cause (A) INDERLYING CONDITION lost.  DITHER SIGNIFICANT CONDITIONS CAUSING 10 THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 10 PA. DATE OF OPERATION 198. CONING A. ACCIDENT WAS UNDERLYING A. ACCIDENT WAS UNDERLYING FEATH (notify medical examiner)	death.)  any, giving stating lhe  ONTRIBUTIN TED TO TH.  DITION FOR TO THE CORMED  (Hour) 21E.  Whometc.  (Hour) 21E.  Whometc.	G  BE  WHICH OPERATION  A PLACE OF INJURY (e.g., ir nee, form, foctory, street, of lite At Work he deceased from 30 from 1) (We) (did) (did not) v  M.D. Atte	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID fine bldg., INJURY OCCUR?) 21F. HOW DID for and 19 66 and 1	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	Dinian death accurred an the	
NOUT OF THE POPULATION OF THE	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if of the series of the above cause (A) INDERLYING CONDITION lost.  DISEASE OR CONDITION CAUSING IT OF THE DEATH BUT NOT RELAUTION CAUSING IT OF THE DEATH BUT NOT RELAUTION CAUSING IT OF THE DEATH WAS UNDERLYING TO CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTION CAUSE OF THE CONTRIB	death.)  any, giving stating like  ONTRIBUTIN TED TO TH.  Control To TH.  21B hometc.  (Hour) 21E.  Who wo	G  SPLACE OF INJURY (e.g., ir ne, form, foctory, street, of lite At Work  A	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID to fice bidg., INJURY OCCURS 21F. HOW DID to and lew the bady after deat nating Med. Director & 23D. ADDRESS	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltima INJURY OCCUR?  19 65 to 6  that in (my) (aur) aph.  Stoff Phys.	Similar death accurred an the	

writte 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA 25C. FUNERAL DIRECTOR ma VS 150-REV. 1/1/65

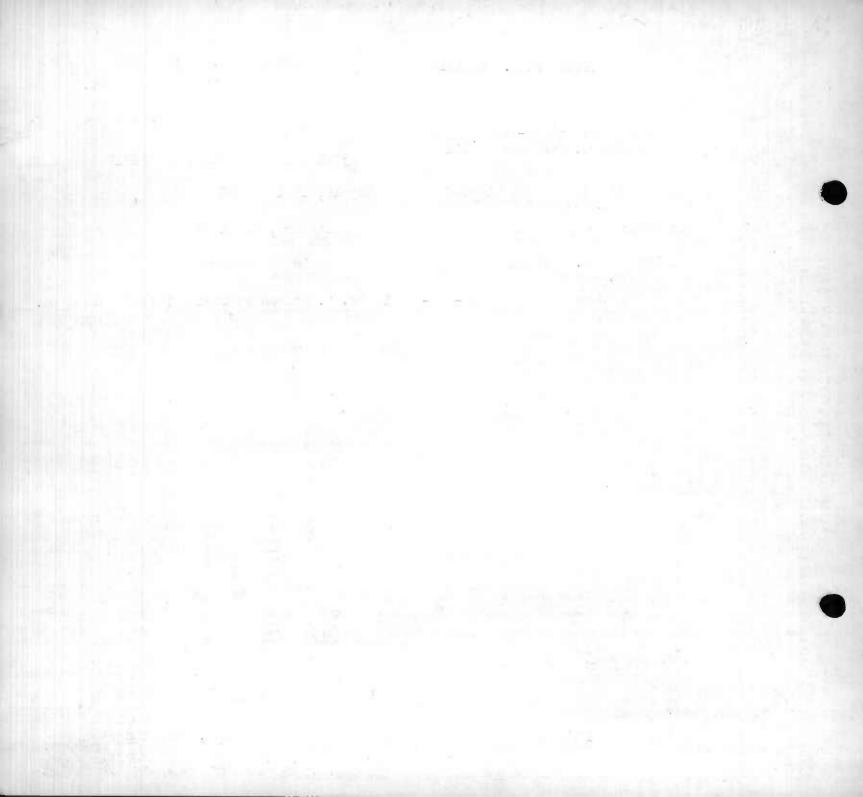


and

a hospital

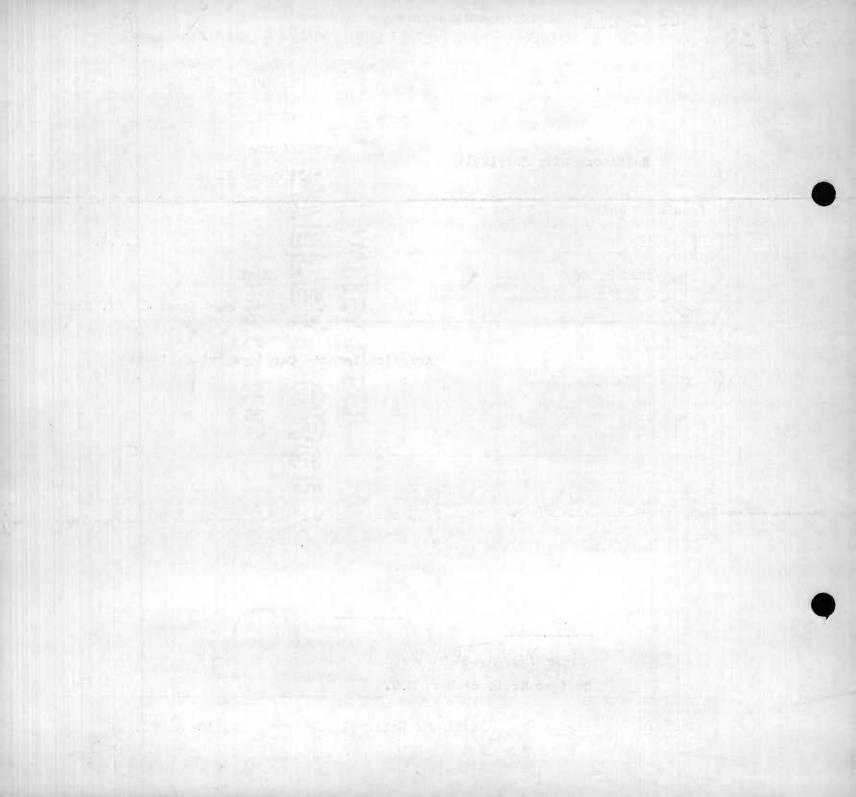
BALTIMORE CITY HEALTH DEPARTMENT CC 19280 written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.	00 1740		CERTIFICA	TE OF [	DEATH	Registered No	. 60	12200
M.E. CASE NO						ID HOUR OF DEAT	н	
(Type or Print)								
3. PLACE OF D	ELIZADE	RYLAND	Warfield	4. USUAL RE		ber 6, 1960		sidence before odmissio
				A. STATE	B. COUN	TY	mamonon. rea	sidence belote odnikasio
FULL NAME			give street	Mary	rland			
HOSPITAL O		n)		C. CITY OR T	OWN (If out	side city limits, write	RURAL ond	give township)
0 0	1711 East Thi	rtv-thi	rd Street		timore	12	5-//	
00	Baltimore, Ma		21218	D. STREET AL	DDRESS (If	tutol, give location)	T TO	
		Janua		3513	L Callows	ay Avenue	212	15
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF B	IRTH	9. AGE (In years	If Under Months: [	1 Yr. If Under 24 Hr Doys Hours Min.
Female	White	MIDOWE	D, DIVORCED (specify) idowed	May 18,	1881	lost birthdoyl	Monms	Doys Hours Min.
	CUPATION (Give kind of work			11. BIRTHPLA	CE (State or forei		12. CITIZI	EN OF
	of working life, even if retired)			w 3 !			WHA	AT COUNTRY?
					timore, 1			
3. FATHER'S N				14. MOTHER'S	MAIDEN NAM	WE		
Willi	Lam H. J	3raun		Ka	atie	Hardtner		
5. Was Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMAN	NT.			ADDRESS
No No	wn) (If yes, give wor or dote None	s of service)	SECURITY NO. 220-480-680 T	M TT	N - 3	77 01 7 3	500 d 51	
	210110				Nelson	Warileld		lymouth Rd.
1B. 7	2.4-1		CAUSE O	F DEATH				NTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY			~ 1		4 4 44	
	LEADING TO DEATH		(A) Co	indiae	Farl	un		
heort loilui	e, osthenio, elc. It meons	the disease	DUE 10					
	omplication which coused							
	ANTECEDENT CAUSES		(B)					**********************
DISEASES	OR CONDITIONS, il	onv. giving						
rise to	the obove couse (A)							27
UNDERLYI	NG CONDITION lost.							
_	il and							
OTHER SIG	ENIFICANT CONDITIONS C	ONTRIBUTIN	G					
	R CONDITION CAUSING	T						
19A. DATE	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTO	PSY? (Yes or No	IN CERTIFYING C	FINDINGS	CONSIDERED
E O							A0363 01 D	
U 21A. ACCI	DENT WAS UNDERLYING DEUTING CAUSE OF	216	PLACE OF INJURY (e.g., in ne, form, foctory, street, of	or obout 21 C.	WHERE DID	(If in Boltime	ore City, give	exact location)
<b>▼</b> DEATH (no	tity medical examiner)	etc		1143 C	KI OCCOK:			
0 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F	HOW DID INJ	IIBY OCCUP?		
S OF INJURY	1		nile At Not Whil		now bib iits	OKT OCCOR.		
(APPROX.)		W	ork — At Work					
22. 1 certi	fy that (1) (this hospital	) ottended t	he deceased from Co	labor 6	1	1966 to De	zenter	6 1966
	e) lost sow the decease			1966	and the	at in (my) (our) or	nintan daat	h occurred on the do
7.00						01 111 (my) (001) 01	Annon deon	Toccorred on the do
	and from the couses stor	ed obove. (	I) (We) (did) (did not) v	iew the body	ofter deoth.			
23A. SIGNA	1 OL			1*		F. #	23B, DATE	
02	etyz Ci Their	mer-	M.D. Atte	ending		Stoff Phys.	Dow,	71966
23C. PHYSTO	IANS			23D. ADDRESS				
NAME	турел		M.D.	4121	medica	dits Bu	ilding	
24A. BURIAL C	REMATION, 24B, DATE	246 N	the state of the s					
REMOVAL		24C.N	AME of CEMETERY of CRE	MAIORI			City, town, or	r county) (State)
Buria	1 12/10/	1966	Woodlawn Ceme	terv	Wo	odlawn, Ma	ryland	
SA. DATE REC	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR		RAL DIRECTOR		12	ADDRESS
	DFC 8 1966	00	F. F. Jones M. B.	Data D	-71. K	122/1	a James	the ma
/S 150-REV. 1/	- De language	1 ULAN SEL	7 21 2000	Win-	VUM	- '07h	2 200 1	11.6.
- 3 130-RE V. 1/	00			,				



	00	15501		BALTIMORE CITY HEAL		X	66 12A	16-9
BIR	TH NO.	MEI	DICAL EX	CAMINER'S CE	RTIFICATE OF	F DEATH Registe	red No.	-01
M.I	E CASE NO.							
1. I	NAME OF DE	CEASED				AND HOUR PRONOUNC	ED DEAD	
		ANN E. BENN				ember 6, 1966	4:15	_ M
3. F	LACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WH	nere deceased lived. If insti	NTY before	odmis sion
FUI	L NAME OF	(IF NOT IN HOSI	PITAL OR INSTITU	JTION, GIVE STREET	Marylan		Belt	0
HO	SPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TOWN (If ou	itside carporote limits, write	RURAL ond give town	ship)
				× = 1 1 1 1 1 1	Baltimo		33-0	0
	3 / B	altimore Ci	ty Hospit	als	D. STREET ADDRESS (If to			
						rnwall Road		
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hou	
]	Female	White	mar	ried	23 Nov 1924	42		
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF	7
0011	hpusewi.	working life, even if retired I E	"		S. Carolina		WHAT COUNTRY U.S.A.	
13.	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NA	AME		
	Tr	all Price			Annie L	loyd		
		D EVER IN U.S. ARM		16. SO CIAL	17. INFORMANT		ADDRESS	_
	no or unknown	(If yes, give wor or d	otes of service)	SECURITY NO.	Dick L. Benne	tt, 8136 Corn	wall Rd. 212	22
	18.			CALLSE	OF DEATH		INTERVAL	RETWEEN
	40			0.7032	OI DEATH		ONSET AN	
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	Antonio	sclerotic Card	liovacoular Di	50350	
	(This does	not mean the mode, osthenia, etc. It mea	of dying, e.g.,	DUE TO	Scientific Gard	ILUVASCULAL DI	Sease	
	injury or co	mplication which couse	ed deoth.)					
		ANTECEDENT CAU	SES					
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)DUE TO	• H • • H • H • H • H • • • • • • • • •		***************************************	
	RISE TO TH	E ABOVE CAUSE (A)	STATING THE					
Z				(C)	***************************************			
CERTIFICATION		li li				THE ROLL OF		-10
O	OTHER SIG	NIFICANT CONDITION DEATH BUT NOT	NS CONTRIBUTION	NG HE				
프	DISEASE O	R CONDITION CAUSI	NG IT.	.00000000000000000000000000000000000000	***************************************			
SE SE	19A. DATE OF		ONDITION FOR VERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE FILL IN CERTIFYING CAUS		
	STA EVTERNIA				Yes		Yes	3
O	UNDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., i , farm, foctory, street, o	n or obout 21C, WHERE DI	D (If in Boltimore City, gi	ve exoct location)	
MEDICAL	UTING LCAL	ISE OF DEATH.	etc.)					
2	21 D TIME OF INJURY	(Month) (Doy) (Y	eor) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
	(APPROX.)		m. V	VHILE AT NOT V				
	22.	a: 6 al-aa   Lal-la-a-	In a view 🔲			altel to that to		
		tify that I held an				this basis, death In m		
	resu	Ited fram: Natural	A	ccident Suicide		Undetermined manne	er	
	ACTUA	1/(1	D. SI	7. //	CHIEF MEDICAL		DATES	GNED
	SIGNAT		July Ch	MULIM.D.	ASSISTANT MEDICAL	EXAMINER X		
	EXAMIN		er Breite	enecker, M.D.	ASSOCIATE MEDICAL	EXAMINER	12/7/	56
23.4	NAME (	- / [ - /		C. NAME of CEMETERY of	CREM ATORY 331	D. LOCATION (City,	town, or county)	(Stote)
	AOVAL (Specif		23	CONTRACT OF CENTEREN OF	CREWINIOKI 231	City,	iown, or country/	(31016/
	burial	12-10			ional Cemetery	Baltimore,	Md.	
244	DATE REC'D	BY HEALTH DEPT.	- 4	OF REGISTRAR	24C. FUNERAL DIREC		ADDRESS	
		DEC 9 196	O Wobel	- E. Farber A.	Ullrich Fu	neral Home, Du	ndalk. Md.	
					4"		/	

Ullrich Fumeral Home, Dundalk, Md.



VS 150-REV. 1/1/6S

of death Deceased

BALTIMORE CITY HEALTH DEPARTMENT 66 12282 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Elmer William Westfall Dec. 8, 1966 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Md. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Brooklyn Park US Public Health Service Hospital D. STREET ADDRESS (If rurol, give locotion) Wyman Pk. Drive & 31st St. 13 W. First Ave. pr made. S. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) 5/31/04 Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Calif. 1st. Asst. Eng. Seafarer USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James W. Westfall Grace I. Blanchard S. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes give westors doles of service) SECURITY NO. Records- US PHS Hospital, Balto, Md USN 347-01-1101 USN CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Gastrointestinal hemorrhage 1 Day LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) Carcinoma of head of pancreas Months ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Marked jaundice Weeks TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes yes 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED OF INJURY While At Not While [ (APPROX.) Work At Work Nov. 25 19 66 22. I certify that (1) (this haspital) attended the deceased fram..... 19 66 that (1) (we) last saw the deceased alive an Dec. 8 and that in (my) (aur) aplaign death occurred on the date and hour and from the causes stated above. (1) (We) (did) (dis hot) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff 12/8/66 Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) John N. Petrucci Sr. Surgeon US PHS Hospital. Balto. Md. 24A. BURIAL CREMATION, 24B. DAT 24C. NAME of CEMETERY OF GREMAJORY (City, town, or county) ADDRESS

eg en bericke an er Et alle proposed de la

Litera Com The water as story Survey here.

	00 4000		TY HEALTH DEPARTMENT		66 12284
BIRTH NO.	66 1228	CERTIFIC	ATE OF DEATH	Registered No.	00 12204
M.E. CASE NO.	CEASED		2. DATE AN	ND HOUR OF DEATH	• • • • • • • • • • • • • • • • • • • •
(Type or Print)	Florestor	Mally	Dec	7 10	661600 MM
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence before admission)
			A. STATE B. COUN	I TY	
FULL NAME		or institution, give street	Maryland	teide city limite wite	RURAL and give township)
INSTITUTION	1 11	to a ald		iside dily illinis, wife	6-05
Levinol	ore, Henen	- Hone and	D. STREET ADDRESS (If	rurol, give location)	0-00
91	,	h dimory	1722 East Ba	ltimone Str	201
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
-		WIDOWED, DIVORCED (specify)	200/	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
Female	White CUPATION (Give kind of wor	widowed	RY 11. BIRTHPLACE (State or fore	90	12. CITIZEN OF
done during most o	of working life, even if retired)				WHAT COUNTRY?
Housew			Russia		U.S.A.
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN NA	ME	
Hillel	Beber		Lillie		
	ed Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS
no	The year give wor or don	SECURITI NO.	Harry Fleisch	er 3406 Oal	kfield Ave.
18, 4/ /		CAUSE	OF DEATH		INTERVAL BETWEEN
1	ASE OR CONDITION DI		à.	0 0	ONSET AND DEATH
Distr	LEADING TO DEATH	RECIEI	pulmonary e	motoli kno	1 suddom
	not mean the mode of		13 answard	117890	
	e, osthenio, etc. It meons omplication which coused		1014	. 4	. 0
	ANTECEDENT CAUSES	(B)	sh te for throw to	so M le	o week
DISEASES	OR CONDITIONS, if	DUE TO			7
rise to t	the obove couse (A)			\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
UNDERLYIN	NG CONDITION Iosi.				
Z	11	CONTRIBUTION			
E TO THE	DEATH BUT NOT REL	ATED TO THE CON	and cona	extive fail	100
O 19A. DATE	R CONDITION CAUSING	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	1	FINDINGS CONSIDERED
19A. DATE O	WAS PER		Ev2	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	218. PLACE OF INJURY (e.g	, in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exect location)
OR CONTRI	BUTING CAUSE OF ify medical examiner	home, form, foctory, street,	office bldg., INJURY OCCUR?		
U	(Month) (Doy) (Year)	(H. ) 215 NULLEY COLUMN	215 (101) 515 111		
S OF INJURY	(Monini (Doy) (Teon	(Hour) 21E. INJURY OCCURRED While At Not W	21F. HOW DID INJ	ORY OCCUR!	
(APPROX.)		Work At Wo	ork L		
22. I certif	fy that (1) (this hospita	1) ottended the deceased from	74: 27	1960 to De	( 19 66
that (I) (we	e) lost saw the deceas	ed alive an 12c - 7	19 6 6 ond th	not in (my) (out) op	inion death accurred on the date
ond hour o	and from the couses sto	ted obove. (1) (We) (did) (did not	) view the body after death.		
23A. SIGNA		1 04			23B. DATE SIGNED
	K with	Willner M.D.	Attending Med. Director	Stoff Dhara	Dec. 7, 136
23C. PHYSIC	IAN'S		23D. ADDRESS	Phys.	1)ec. 1, 136
NAME	(Type) Ruth	willner M.	1 commadale 1	Jepsen H.	ome and
044 8118141 61	W 1 0 1 1 1		/		minnery
REMOVAL	REMATION, 24B. DATE (Specify)	24C. NAME of CEMETERY of	CREMATORT 24D. L	OCATION (C	City, town, or county) (State)
Burial	1 12/8/6	6 HEBREW MT2 CARM	EL CEM. CORP Ger	rman Höll Rd	
2SA. DATE REC	D BY HEALTH DEPT.	258 NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	2	ADDRESS
	DEC 9 196	o Volent E. Tarkey	JACK LEWIS,	INC. 2100 F	Eutaw Place
VS 150-REV. 1/1	1/65				

VS 150-REV. 1/1/65

4		BALTIMORE CITY	HEALTH DEPARTMENT		00 1000
M.E. CAS		CERTIFICA	TE OF DEATH	Registered Na	66 12265
	OF DECEASED	tein metz	2. DATE AN	NO HOUR OF DEATH	66 9.40 A.
3. PLACE	OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If ins	stitution: residence befare admission
HOSPIT	JTION		C. CITY OR TOWN , (If ou	tside city limits, write R	URAL and give township)
Ch.	urch Home +	Hospital	D. STREET ADDRESS (If	rurol, give location)	.09
3	3.5		703 S. De	zan St.	
	rule white wip	RRIED, NEVER MARRIED	1-5-01	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	L OCCUPATION (Give kind of work 10B, KINg most of working life, eyan if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	usemite		MaryLa	nd	AMERICAN
E	RS NAME	. 1.	14. MOTHER'S MAIDEN NA		
15. Wos D	eceased Ever in U. S. Armed Forces?	1 6 SOCIAL	17. INFORMANT	Bowers	ADDRESS
(Yes, no or	unknown) (If yes, give wor or dates of ser	vice) SECURITY NO.	George F.	5400	, -
18.	7-0 X	CAUSE O		. Steinm	INTERVAL BETWEEN
1 ×	DISEASE OR CONDITION DIRECTLY	0.6	Paral .	0 1:0	ONSET AND DEATH
(This	does not mean the mode of dying,	e.g., DUE TO	Egens vaile	les acides	A
heart	failure, asthenia, etc. II meons the dis ar camplication which caused death.)	ease,		20 .	,
	ANTECEDENT CAUSES	(B) CALLE	unelevola C	odurescul	A
	ASES OR CONDITIONS, if any,		1. A. 24400:	7	
	to the above cause (A) stating ERLYING CONDITION last.	The (C)	were made	w.	
E TO	II ER SIGNIFICANT CONDITIONS CONTRIB THE DEATH BUT NOT RELATED TO ASE OR CONDITION CAUSING IT.				
		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED USES OF DEATH?
OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (natify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or about 21 C. WHERE DID	(If in Baltimare	City, give exact location)
Q 21 D. T OF IN (A PPR	JURY	21 E. INJURY OCCURRED  While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. 1	certify that (1) (this hospital) otten	1	et-10 th	19 66 to Dec	6 + 4 19 66
thot (	(I) (we) last saw the deceased alive	on Du Gth	19 66 ond th	nat in (my) (aur) apin	nian death accurred on the dat
	aur and from the causes stated aba				
23A. S	a Malue	Phy	ending Med.  Director	Staff Phys.	23B. DATE SIGNED
23 C. PI	HYSICIAMS IAME (Type) ALBRYT NO	chum M.D.	Church H	tone 2 do	ospital.
24A. BURI REM	AL CREMATION, 24B. DATE 2 OVAL (Specify)	4C. NAME OF CEMETERY OF CRI	MATORY 24D. L	OCATION (City	y, town, or county) (State)
Be	erial 12-9-66	Oak La	un	md.	
25A. DATI	E REC'D BY HEALTH DEPT. 258. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	111	ADDRESS

Church Home o Hospital 303 5 Dean St.

Famule white Married 1-5-01 65

Frederick W. Konighramer Kafie Bowers
George F. Steinmetz Sone

Rob Person varantes beinlent anterenelization Codeminionelles Bisherto Wellester

200

Dec 6 14 66

ALbert Kahum

church Home & Hospital

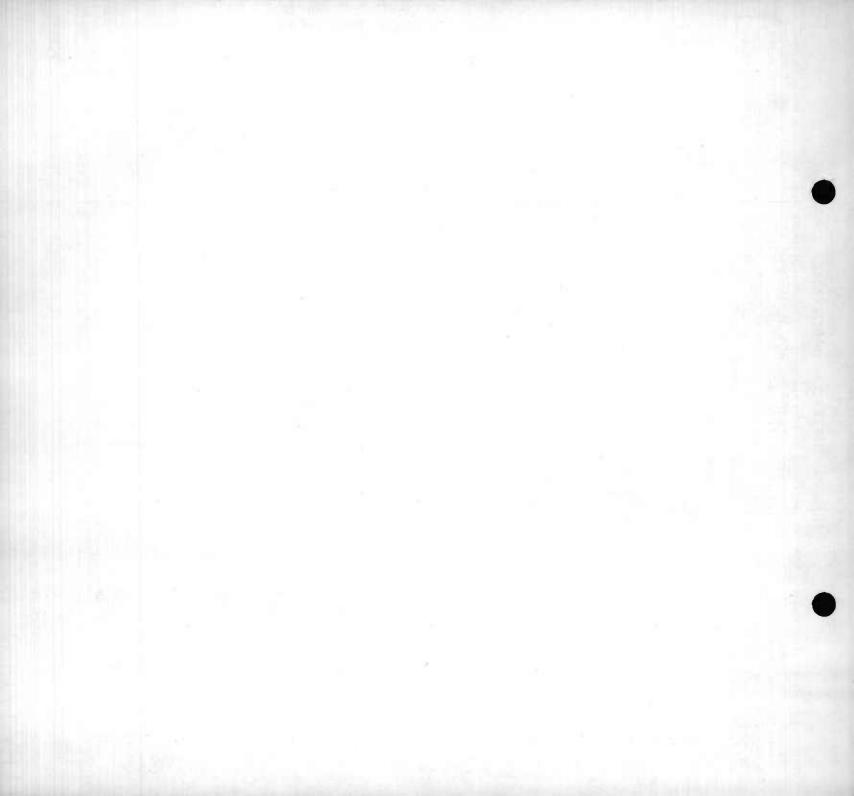
V\$ 150-REV. 1/1/65

			BALTIMORE CIT	Y HEALTH DEPARTMENT		66 12286
BIRTH NO.	66 12206	)	CERTIFICA	ATE OF DEATH	Registered Na.	00 17,4,00
NAME OF DE	CEASED				D HOUR OF DEATH	
Type or Print)		y M. V.	Enzenga		8, 1966	1:10 A.
PLACE OF DE	EATH IN BALTIMORE, MA		2220150	4. USUAL RESIDENCE (When	e deceased lived. It i	nstitution: residence before odmissio
				A. STATE B, COUN	TY	
FULL NAME			ive street	C. CITY OR TOWN (11 out	-1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	BIIDAI ( - ' - to
INSTITUTION				Baltimore		KUKAL and give township?
.10					rural, give location)	75
45	South Balto	Gen. I	Josni tal	1710 S. C		
SEX	6. RACE		NEVER MARRIED		9. AGE (In years	
Female	White	WIDOWED	DIVORCED (specify)	March 2, 1916	lost birthdoy) 50	If Under 1 Yr. If Under 24 H Months Doys Hours Min,
	CUPATION (Give kind of world f working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housew		A-	Home	Balto. Md.		USA
FATHER'S NA				14. MOTHER'S MAIDEN NAM	ME	
	Kearney Nal	.ls		Roxy Pett	it	
, Was Decease	d Ever in U. S. Armed For	ices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO NO	(If yes, give wor or dote	es of service)	SECURITY NO.	Mrs. Roslie Gra	y 412 F	A Bürnie Md Kent Circle Glen
18. 44	10.01		CAUSE	OF DEATH		INTERVAL BETWEEN
/	SE OR CONDITION DI	RECTLY			-	ONSET AND DEATH
150 151	LEADING TO DEATH		-	THE THE PERSON NAMED IN		
	nat mean the made of		DUE TO	·····	***************************************	
	, asthenia, etc. It means mplication which coused			1	- 1	
	ANTECEDENT CAUSES		W- 0	Lino Selvata Ha	and Otalina	<b>~</b>
DISEASES	OR CONDITIONS, if		DUE TO			
	he abave couse (A)		HV	ulmonan Empl	yeur.	
UNDERLYIN	IG CONDITION last.		/		0	
	II .		/			
TO THE DISEASE OR	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO THE			Ab	
	F OPERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDE	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
DEATH (notif	y medical examiner	hometc.)	e, form, foctory, street,	office bldg., INJURY OCCUR?		
)	(Month) (Doy) (Year)		INTERNATIONAL CONTRACTOR	215 115 115		
OF INJURY	11410HHI (DOY) (1601)		e At Not Wh	21F. HOW DID INJ	OKY OCCUR?	
(APPROX.)		Wor			-	
	y that (I) (this haspital		e deceased from a	7 /	1949 to &	inian death occurred an the de
					a(,, (aar, ap	man deall occorred an the d
		red abave, (1)	(We) (did) (didi/at)	view the bady after death.		AND DATE CINCIPA
23A. SIGNAT	01-		AA D A	Hending - AAnd -	Stoll -	23B. DATE SIGNED
4-	1. Toudes	_	M.D. A	Med. Director	Stoff Phys.	148/66.
23C. HYSICI.	AN'S Type			23D. ADDRESS		
U	01.	. /	M.D	13/9 Law	350 - Be	Thing Hd. 2/2:
A. BURIAL CRI	EMATION, 248. DATE		ME of CEMETERY of C	REMATORY (24D. LO	OCATION (C	ity, town, or county) (State)
A. BURIAL CRI						7, 2
Burial		6	Cathedral		Balto. Md.	4554-00
	EC 9 1966	258. NAME O	REGISTRAR	25C. FUNERAL DIRECTOR	3	ADDRESS
U	JEC 9 1966 (	lower >	Tackey H.	Mc Cully	130	E. Fort Ave.

A- October State Some 11 67-19 Day of the 1819 Eggs st - Return 11 WE FLICOLIAN a hospital

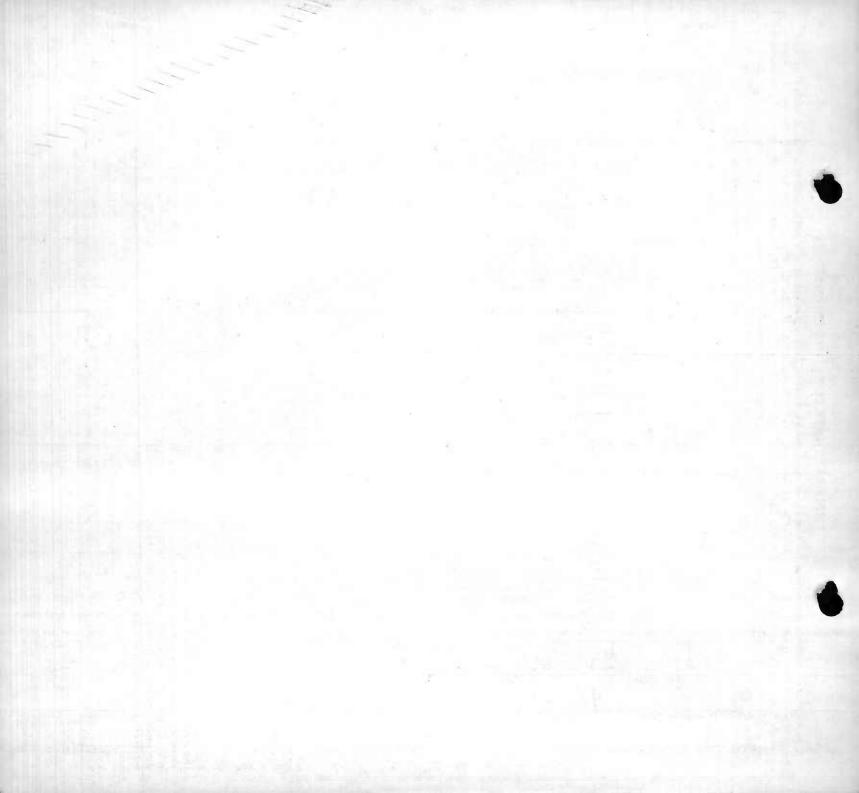
10	6-27488	(2)	BALTIMORE CIT	Y HEALTH DEPARTMENT		CC 100k
BIRTH NO.	66 1	2201	CERTIFICA	ATE OF DEATH	Registered No.	00 1260
1. NAME OF DE	CEASED	BY BOY"B	" MECLENON	2. DATE A	12-8-66	12.10
BLACE OF D		MORE MARYLAND	DECLLITOR	The district product (W)		
FULL NAME	OF (If not i	in hospital aı institu	tion, give street	MARYLAN	NTY	nstitution; residence befare admi:
HOSPITAL OF		ar location)	HOSPITAL	BALTIMO		RURAL (and give township)
33					f rural, give location) TH CHAPEL	STREET
MALE	6. RACE NEGRO	WID	RIED, NEVER MARRIED OWED, DIXORCED (Specify) VER MARK (ED)	8. DATE OF BIRTH 12-7-56	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24
				Y 11. BIRTHPLACE (State or for	teign country)	12. CITIZEN OF
	of working life, ever		D OF BOSINESS OR INDOSER	The six manager (signer of to	reign country/	WHAT COUNTRY?
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	AME	
				BRENDA	McCLENON	
	ed Ever in U. S.	Armed Forces? war ar dates of serv	16. SOCIAL	17. INFORMANT		ADDRESS
Copins of Official V	with yes, give	ur dules ur serv	SECURITY NO.			
18.	57 V		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR COND	ITION DIRECTLY				ONSET AND DEAT
0.327	LEADING TO		Y	REMANDIE		
(This does	nol meon the	mode of dying,	e.g., DUE TO	REMANURITY	······································	
heart foilure	, osthenio, etc.	It means the disc				
injuly of co		ch coused deoth.)	m	ILLEMPLE PRED	LNAN CIE	
	ANTECEDENT	CAUSES	DUE TO		7	• x • • • • • • • • • • • • • • • • • •
		ONS, il ony, gi				
	he obove co	use (A) sloting	The (C)			
		DITIONS CONTRIBI				
DISEASE OF	R CONDITION C	CAUSING IT.				
HIPA. DATE C	OF OPERATION	198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at 1)	IN CERTIFYING CA	FINDINGS CONSIDERED
2			Table			
OR CONTRI	ENT WAS UND	SE OF	hame, farm, factory, street,	in a about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltima	re City, give exact location)
DEATH (nati	fy medical exami	iner	etc.)			
21 D. TIME	(Month) (Do	y) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			While At Nat Wh	ite 📉	A	
			Wark At Work	201	1966 10 2	AIR
			led the deceased from			13 8 1960
that (I) (we	a) ast saw the	deceased alive	on 12/8/44 13	1 A14 19 6 6 and 1	that in (my) (pur) pp	Inian death accurred an the
-			Andrew Comments of the Comment	view the bady after death		
23A. SIGNAT			313) 313 1131	5557 61161 666111	*	23B, DATE SIGNED
C	0	1 1/1 - 111	eu, M.D.M.D. A	tending Med.	Stoff	1 1 1
0	usans	- Mason	Dr. AMADERIO. PH	ys. Director	Phys.	12/8/66
23C. PHYSICI				23D. ADDRESS	in the P. A. Aire	1 1
F	LIZABE"	TH MA	ANELL M.D	. JOHNS HOPKU	12 HOLD HUT	
4A. BURIAL CR	REMATION, 24B.	DATE 24	C. NAME of CEMETERY OF C		LOCATION (C	City, tawn, ar caunty) (St.
REMOVAL						
Cremat:	D BY HEALTH		The Johns Hop	KINS HOSP. B	altimore,	Maryland
	DEC 9	1966 120	BE Farbuna	HOSPI	TAI, DISPO	ISAT,
	WILL U. W.	THE WAY		2 June Comment	- Transit	Control of the second

VS 150-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:



	pe or Print)		CK (FRED) OTRADO	VEC Dec	and Hour of DEAT	8 a.
3. F	PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	A. STATE B. CO	UNTY	institution: residence belore odmi
	FULL NAME	OF (If not in hospital a	or institution, give street	Md. 2:		e RURAL and give township)
1	NOTITUTION			Baltin		7-63
	33	Johns Hopsk	ins Hospital		(If rural, give location) . Collingt	on Ave.
5. s	ale	white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	8. DATE OF BIRTH 3/29/04	9. AGE (In years lost birthdoy) 62	If Under 1 Yr. If Under 2- Manths Days Hours A
		CUPATION (Give kind of work f working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		f-employed	Esso Station	Baltimore	, Md.	
13.	FATHER'S NA	ME James Otrado	vec	14. MOTHERS MAIDEN I	Keiser	
		d Ever in U. S. Armed Form		17. INFORMANT		above
			216-32-7696	Ruth Schlu	ttanhafer,	Otradovec, wife
	1B,	0,11	CAUSE	OF DEATH		ONSET AND DEAT
	heart failure	nat mean the made of , osthenia, etc. II means mplication which caused ANTECEDENT CAUSES	the disease, death.)	Coronary art	erioseterose	5 years +
NO	heart foilure injury ar co DISEASES rise to th UNDERLYIN	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last,	any, giving stating the (C)	Coronary art		
ICATION	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OF	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING STORM TO THE TARREST TO		No) 208, IF YES, WEF	RE FINDINGS CONSIDERED
ERTIFICATION	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OF	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obave cause (A) IG CONDITION last,  II OFFICIANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING to condition causing to condition causing to condition causing to conditions causing to causing the condition causing to causing the causing to causing the causing to causing the	ONTRIBUTING STORM TO THE TARREST TO		No) 208, IF YES, WEF	
AL CE	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OI  199A. DATE COR CONTRIB	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the (C)  ONTRIBUTING TO THE T  DITION FOR WHICH OPERATION FORMED		No) 20B, IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED
CE	DISEASES rise to H UNDERLYIN  OTHER SIGN TO THE DISEASE OF 19A. ACCID OR CONTRIB DEATH (not)	osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last,  II WIFICANT CONDITIONS CODEATH BUT NOT RELATE CONDITION CAUSING to proper the condition of the condition causing the condition of the condition causing cause of cause of cause of cause of cause of cause of cause caus	any, giving stating the (C)  ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, lorm, factory, street, etc.)	, in or obout office bidg., NJURY OCCUR	No) 20B, IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DICAL CE	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A-DATE CONTRIE DEATH (notil 21D, TIME OF INJURY (APPROX.)	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last,  IIIICANT CONDITIONS CONDITIONS CAUSED ATH BUT NOT RELATED TO THE CONDITION CAUSING TO THE CONDITION CAUSE OF THE CAUSE OF TH	ONTRIBUTING STORMED  ONTRIBUTING T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not W	, in or obout office bidg., NJURY OCCUR	No) 20B, IF YES, WEF IN CERTIFYING ( ) (If in Bolting)	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DICAL CE	DISEASES rise to H UNDERLYIN  OTHER SIGN TO THE DISEASE OF 19A-DATE OF 2TA-ACCID OR CONTRIE DEATH (notil 21D, TIME OF INJURY (APPROX.)  22. I certif	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last,  IIIICANT CONDITIONS CONDITIONS CAUSED ATH BUT NOT RELATED TO THE CONDITION CAUSING TO THE CONDITION CAUSE OF THE CAUSE OF TH	ONTRIBUTING STATED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Work  At Wo	in or obout 21 C. WHERE DIE office bidg., INJURY OCCUR	No) 208, IF YES, WER IN CERTIFYING () (If in Bolting)	RE FINDINGS CONSIDERED CAUSES OF DEATH?  note City, give exact location)
DICAL CE	DISEASES rise to H UNDERLYIN  OTHER SIGT TO THE DISEASE OF 19A. ACCID OR CONTRIB DEATH (notil 21D, TIME OF INJURY (APPROX.)  22. I certif that (1) (we	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obave cause (A) IG CONDITION last.  II NIFICANT CONDITIONS CONDEATH BUT NOT RELAR CONDITION CAUSING to PERATION 198. CON WAS PERFORM TWO CAUSE OF CONDITION (Day) (Year)  [Manth] (Day) (Year)  The properties of the condition of the conditio	ONTRIBUTING STATED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Work  At Wo	in or obout 21C. WHERE DID office bldg. 21F. HOW DID hile and	No) 208, IF YES, WEE IN CERTIFYING () (If in Bolting)?  INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?  note City, give exact lacation)
DICAL CE	DISEASES rise to H UNDERLYIN  OTHER SIGT TO THE DISEASE OF 19A. ACCID OR CONTRIB DEATH (notil 21D, TIME OF INJURY (APPROX.)  22. I certif that (1) (we	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.  II MIFICANT CONDITIONS CONDEATH BUT NOT RELAR CONDITION CAUSING to PERATION 198. CON WAS PERFORM CAUSE OF CAUSE	ONTRIBUTING (TED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Work  Not Work  At Wo  and alive on	20 A. AUTOPSY? (Yes or office bldg., INJURY OCCUR 21 F. HOW DID hile and office bady after dear	No) 20B, IF YES, WER IN CERTIFYING ()  (If in Bolting)  INJURY OCCUR?  19 2 ta 1 ta 1 that in (my) (aur) of the Stolt	RE FINDINGS CONSIDERED CAUSES OF DEATH?  note City, give exact location)  19 capinian death occurred an the
DICAL CE	DISEASES rise to H UNDERLYIN  OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certifithat (I) (we ond haur and the conditions of the con	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last,  WIFICANT CONDITIONS CAUSE OF CONDITION CAUSING to OPERATION 198. CONDITION CAUSING to OPERATION (Mas PERFERT WAS UNDERLYING LAUSE OF CAUSE	ONTRIBUTING (TED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Noi Work Work  Noi Work  At Wood  ad alive on	20 A. AUTOPSY? (Yes or office bldg., INJURY OCCUR 21 F. HOW DID hile	No) 208, IF YES, WER IN CERTIFYING ()  (If in Bolting)  INJURY OCCUR?  19 2 ta 1  that in (my) (aur) of th.  Stolt Phys	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact lacation)  19 Septimian death occurred an the 238 DATE SIGNED  Dichards & December & American Signed
MEDICAL CE	DISEASES rise to H UNDERLYIN  OTHER SIGN TO THE DISEASE OF TO THE DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certife that (I) (we ond haur at 23A. SIGNAT	, osthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if he obave cause (A) IG CONDITION last.  II NIFICANT CONDITIONS CONDEATH BUT NOT RELAR CONDITION CAUSING to PERATION 198. CON WAS PERFORM (Manth) (Doy) (Year)  (Manth) (Doy) (Year)  y that (I) (this haspital as) last saw the decease and from the causes state of the causes of the ca	ONTRIBUTING LIED TO THE T.  DITION FOR WHICH OPERATION PORMED  218 PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  (Hour)  21E INJURY OCCURRED While At Not Work  Not Work  At Wo  A	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR  21F. HOW DID  hile  21F. HOW DID  wiew the bady after dear  thending Med. Director Church HO  Church HO	No) 208. IF YES, WEE IN CERTIFYING () (If in Bolting)?  INJURY OCCUR?  In that in (my) (aur) of the control of	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact lacation)  19 Septimian death occurred an the 238 DATE SIGNED  Dichards & December & American Signed

VS 150-REV. 1/1/65

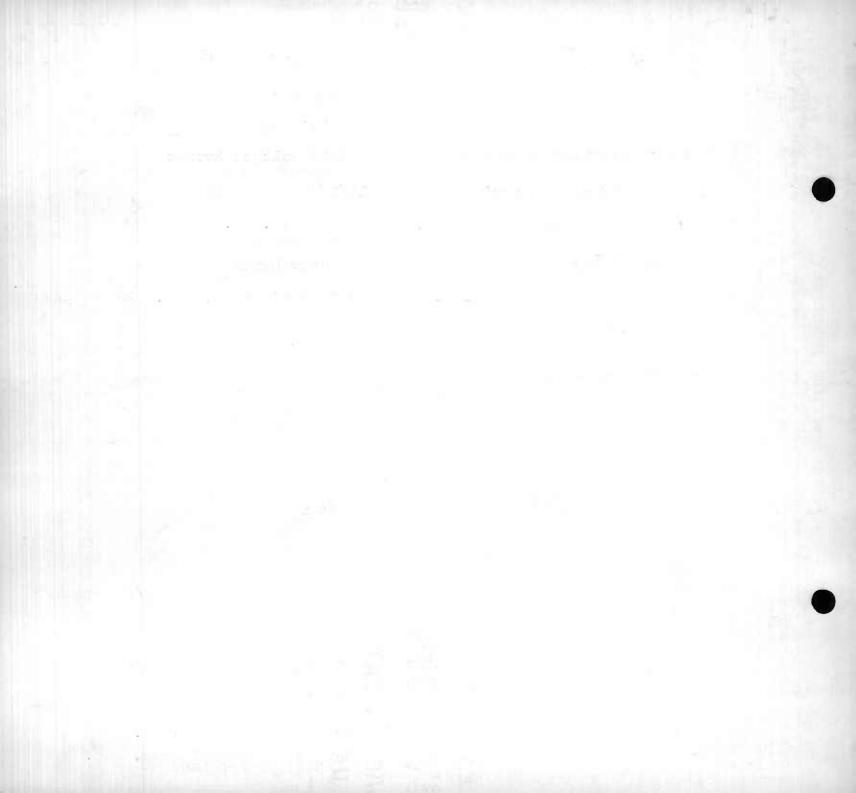
DEC 9

1966 R. Ce B E Fallenna

Schimunek Runeral Home, Inc. 13331 Brehms Lane

Exemple Consorming Throndown 30 mil the army atherems spent James H Transcol

	00 10000	BALTIMORE CIT	TY HEALTH DEPARTMENT		(10) 10 100
BIRTH NO.	66 12230	CERTIFICA	ATE OF DEATH	Registered Na	. 66 12290
M.E. CASE NO.	EASED Thomas			ND HOUR OF DEATH	H
Type or Print)	VINCENT	Talbort	12/8/	667 am	1 24
PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		re deceased lived. II	institution: residence before admission
FULL NAME O	E (If not in hospital	or institution, give street	Maryland	"	
HOSPITAL OR	oddress or locatio	on)	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
2 3			Baltimore		27-05
			D. STREET ADDRESS (IF	rural, give location)	
The Jo	hns Hopkin	s Hospital	6635 Walth	er Avenue	9
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Male	White	Married	11/2/98	68	
A. USUAL OCCU	JPATION (Give kind of war working life, even if retired)	JOHN S BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Technician	Hopkins Med.Scho			WILL GOOD IN
FATHER'S NAM	ĀE	1	14. MOTHER'S MAIDEN NA	ME	
Un www.	Ma Theat		Ma D	***	
. Was Deceased	Talbert Ever in U. S. Armed Fo	rces? 16. SOCIAL	Mary Dra		ADDRESS
es, no or unknown	(II yes, give wor or dote	es of service) SECURITY NO.		21093	RC
no		220-30-4217		lams, agni	t.2526Londonderr
18. 4 4	3X I		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	LEADING TO DEATH	RECTLY	1.		
(This does n	of meon the made of	dying, e.g., DUE TO	udiac direct		
hearl failure,	asthenia, etc. It meons	the disease,			
	ANTECEDENT CAUSES	H-	5UD &		
		DUE TO			
	R CONDITIONS, if abave cause (A)	1.2	# ^~~ 0 0 ddd 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
UNDERLYING	CONDITION lost.		**************************************		
	11				
	FICANT CONDITIONS (		/		
	CONDITION CAUSING	IT. My perle	ender	1 20B IF YES	T FINDINGS CONT.
19A. DATE OF	WAS PER	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDEN	NT WAS UNDERLYING	21R PLACE OF INTURY IS S	in or obout 21C. WHERE DID	(If in Rollins	ore City, give exact location)
OR CONTRIBU	TING CAUSE OF		office bldg., INJURY OCCUR?	ar in worlding	ore evilla distributions
)					
OF INJURY	(Month) (Doy) (Year)		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At At Work			
22. I certify	that AF(this haspita	l) attended the deceased fram	12/7	19 66 ta	12/8 1966
100		ed alive an 12			
				, , , , , , , , , , , , , , , , ,	document of the de
23A, SIGNATU		ted abave. (M (We) (did) (did per)	view the body diter death.		23B, DATE SIGNED
m	· M	R // M.D. A	ttending Med.	Stolf	1-10
23C PHYSICIA	onica /11	nickley Ph	nys. Director	Phy s.	12/8
23C. PHYSICIA	ype)	RII	23D. ADDRESS	111	11 ( )
MON	ICA M/o	Luckley M.D	VONUS 11	opkins	/rosperal
REMOVAL (S	MATION, 24B, DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. L	OCATION (	City, townfor county) (State)
Burial	12/12/	/66 Parkwood Cem	etery Ba	altimore,	Md.
A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF REGISTRAS			
	DEC 9 196	6 P.D. B & Farley M	Schimunek	uneral H	ome, inc.
S 150-REV. 1/1/6		1 30000	2 DI DI	J Lane	
Burial	12/12/ BY HEALTH DEPT. DEC 9 196	/66 Parkwood Cem	etery Ba	altimore,	Md.



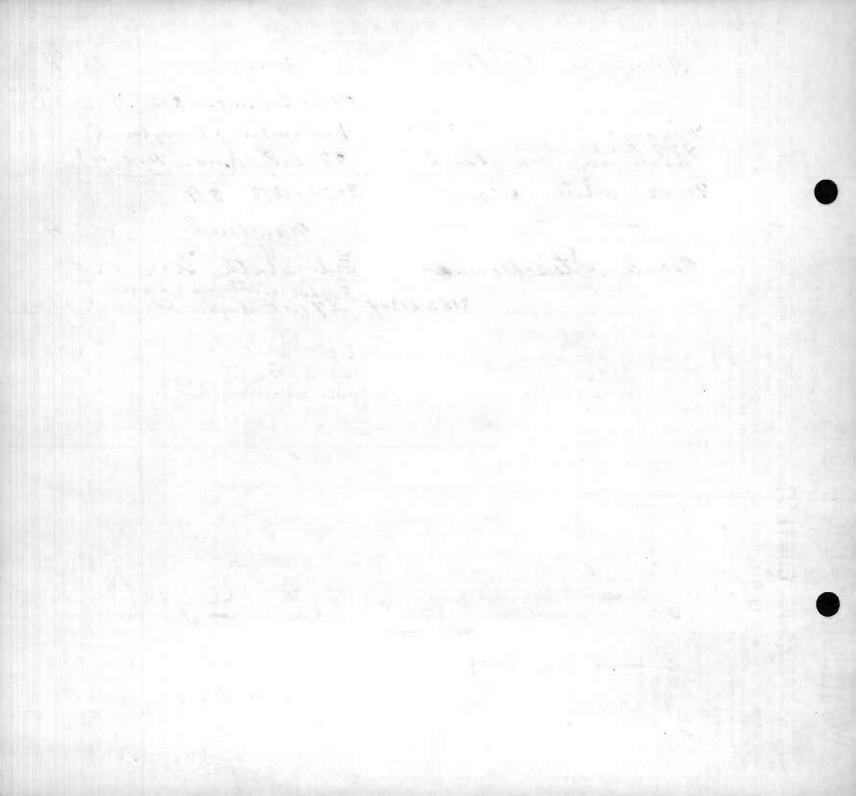
Type or Print)		SO KNOWN AS HOLEV		ATE AND HOUR PRONOUN		00 m
3. PLACE IN BALTIA	FRANK MORE, MARYLAND, W	HERE PRONOUNCED DEAD		December 7, 19 (Where deceased lived, If in	stitution: residence	:20 P M
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Mary 1:		DUNTY	- Annual biol
HOSPITAL OR	ADDRESS OR LOCA	(TION)	Baltin		27-66	e township)
Unio	n Memorial H	ospital	D. STREET ADDRESS		-/ 00	,
44			11	Belair Road		
Male Male	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys	If Under 24 Hrs Hours Min.
		SINGLE	2/23/1901		12. CITIZEN O	F
	orking life, even if retired)	U.S.F. & G.	Baltimore		WHAT CO	
13. FATHER'S NAMI		owi nolei	14. MOTHER'S MAIDEN	· · · · · ·		HELL:
	tanley Hol		17. INFORMANT	erine Ratajcz	ADDRESS	
	If yes, give wor or dote	s of service) SECURITY NO.		now has a thinne		
18.	1 . 1	218-12-3215A	OF DEATH	ew, brother,		RVAL BETWEEN
injury or com	of meon the mode of ostherio, etc. It meons plication which coused on the course of th	dying, e.g., DUE TO the discose, deoth.)	ac Tamponade	zem of Aonto		
DISEASES OF RISE TO THE UNDERLYING	NTECEDENT CAUSES OF CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.  II IFICANT CONDITIONS DEATH BUT NOT REI	dying e.g., the discose, deoth.)  S  NY, GIVING (C)	ac Tamponade	rsm of Aorta.		
DISEASE OR RISE TO THE UN DERLYING	PICONON WHICH COUSES OR CONDITIONS, IF A BOVE CAUSE (A) ST G CONDITION LAST.  II IFICANT CONDITIONS DEATH BUT NOT REL CONDITION CAUSING OPERATION [198, CON	dying e.g., the discose, deoth.)  S NY, GIVING (B) Rupting (C)	ure of Aneury	or No) 208, IF YES, WERE F		DERED
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE UDISEASE OR 19A, DATE OF	NTECEDENT · CAUSES OF CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.  II IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING OPERATION 198. CON WAS PERI	dying e.g., the discose, deoth.)  S  NY, GIVING (A)  (A)  (B)  RUPTI  DUE TO  (C)  CONTRIBUTING  ATED TO THE  (IT.  DITION FOR WHICH OPERATION  FORMED	ure of Aneury	or No) 208, IF YES, WERE FIN CERTIFYING CAT	USES OF DEATH?	Yes
DISEASES OR RISE TO THE UNDERLYING TO THE EDISEASE OR TO THE EDISEASE	NTECEDENT · CAUSES OR CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.  II IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING OPERATION 19B. CON WAS PERI CAUSE WAS OR CONTRIB-	dying e.g., the discose, deoth.)  S NY, GIVING (B) Rupting (C)	20A. AUTOPSY? (Yes Yes	or No.) 20B, IF YES, WERE FIN CERTIFYING CAN	USES OF DEATH?	Yes
OTHER SIGN TO THE UNDERLYING  OTHER SIGN TO THE UNDERLYING  OTHER SIGN TO THE UDISEASE OR  19A. DATE OF  UNDERLYING UNDERLYING UNDERLYING CAUS  21D TIME OF INJURY	NTECEDENT · CAUSES OR CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.  II IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING OPERATION 19B. CON WAS PERI CAUSE WAS OR CONTRIB-	dying e.g., the discose, deoth.)  S  NY, GIVING CATING THE  (C)	20A. AUTOPSY? (Yes Yes in or obout 21C. WHERE office bidg., INJURY OCC	or No.) 20B, IF YES, WERE FIN CERTIFYING CAN	USES OF DEATH?	Yes
DISEASES OF RISE TO THE UNDERLYING  OTHER SIGN TO THE DISEASE OR  19A. DATE OF  19A. DATE OF  UNDERLYING UTING CAUS  21D TIME OF INJURY (APPROX.)	NTECEDENT CAUSES OR CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.  II IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING OPERATION TOPR. CON WAS PERI CAUSE WAS OR CONTRIB- E OF DEATH.	dying e.g., the discose, deoth.)  S NY, GIVING (B) RUPTO  CONTRIBUTING ATED TO THE (C)	20A. AUTOPSY? (Yes Yes in or obout 21C. WHERE office bldg., INJURY OCC	or No.) 20B, IF YES, WERE IN CERTIFYING CAI DID (If in Boltimore City, CUR?	USES OF DEATH?	Yes
OTHER SIGN TO THE DISEASE OR UNDERLYING UNDERLYING CONTINUE OF INJURY (APPROX.)	NTECEDENT · CAUSES OR CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.  II IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING OPERATION 19B. CON WAS PERI CAUSE WAS OR CONTRIB- E OF DEATH.  (Month) (Doy) (Yeor	dying e.g., the discose, deoth.)  S NY, GIVING (B) RUPTO  CONTRIBUTING ATED TO THE (C)	20A. AUTOPSY? (Yes Yes in or obout 21C. WHERE office bldg., INJURY OCC	or No) 208, IF YES, WERE FIN CERTIFYING CAI DID (If in Boltimore City, CUR?	uses OF DEATH?	Yes
OTHER SIGN TO THE DISEASE OR TO THE DISEASE OR 19A. DATE OF UNDERLYING UNDERLYING UNDERLYING CAUS  21A. EXTERNAL UNDERLYING CAUS  21D TIME OF INJURY (APPROX.)  22. I certi	NTECEDENT · CAUSES R CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.  II IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING OPERATION 198 CON WAS PERI CAUSE WAS OR CONTRIB- E OF DEATH.  (Month) (Doy) (Yeor  fy that I held an lited fram: Natural cause  IRE	dying e.g., the discose, deoth.)  NY, GIVING (B) RUPTION (C)	20A. AUTOPSY? (Yes in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D WHILE ORK 1131 topsy X and that	or No) 208, IF YES, WERE IN CERTIFYING CAN DID (If in Boltimore City, DID INJURY OCCUR?  t on this basis, death In Undetermined man	give exoct locotion  my apinlon  ner	Yes

IMPORTANT

DIRECTOR:

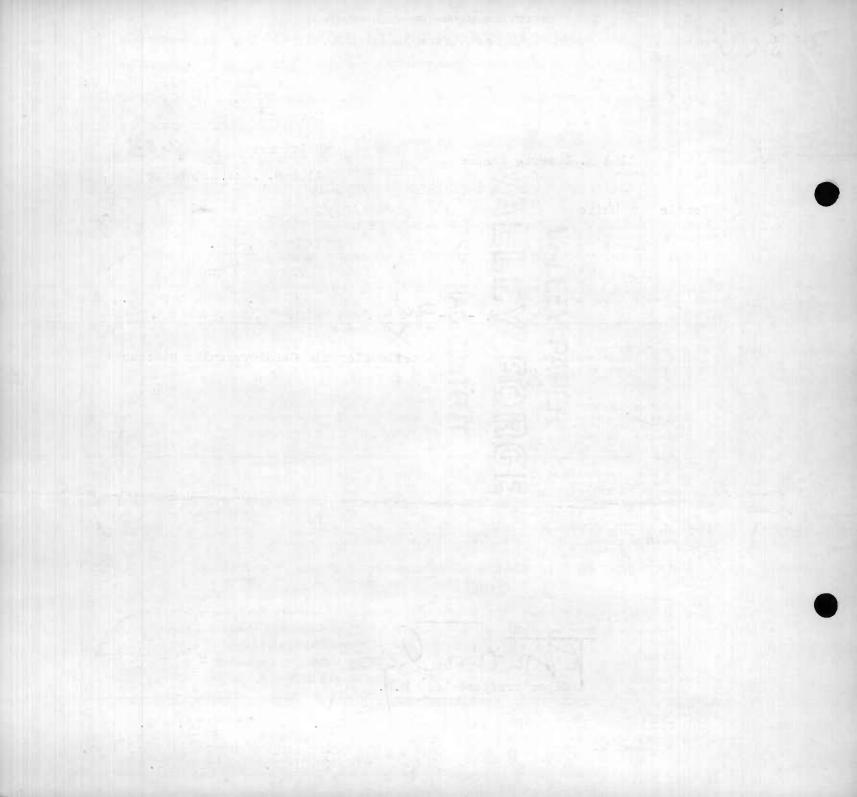
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



### MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 12293

M.	E. CASE NO.									
	NAME OF DEC	CEASED	MADTE	_			HOUR PRONOUNCE	D DEAD	0 00	
			IARIE RADE				er 7, 1966		2:30	M.
3. 1	LACE IN BALT	IMORE, MARYLAND	D, WHERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where de	ceosed lived. If instit		ice before od	mission)
FU	LL NAME OF	(IF NOT IN HO	SPITAL OR INSTITU	JTION, GIVE STREET		ryland				
HO	SPITAL OR	ADDRESS OR L	OCATION)		C. CITY OR TOV	VN (If outside	corporate limits, write	RURAL ond	give townshi	p)
	00	4404			Ва	1timore	8-	03		
	00	1101 N. L	uzerne Ave	enue	D. STREET ADDR					
							zerne Aven	ue		
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	H	9. AGE (In years lost birthday)		Yr. If Under	
	Female	White		lowed	4/27/79	)	87			
				BUSINESS OR INDUSTR	YII. BIRTHPLACE	State or foreign	country)	12. CITIZEN		
don	Seams 1	working life, even if reti	red)		Malt	timore,	Md.	WHAT	COUNTRY?	
13.	FATHER'S NAM				14. MOTHER'S M				_	
		John Nova	k			Anna K	adan			
15.	WAS DECEASE	D EVER IN U.S. AR	MED FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS		
		(If yes, give wor or		SECURITY NO.	-		Goodnoow	Rd.,	6	
			21	6-10-6304	Josephi	ine Nov	ak, neice	,		
	1B.	211		CAUSI	OF DEATH				NSET AND	
	DISEAS	SE OR CONDITION	DIRECTLY						TOET AILD	JEA (11)
		LEADING TO DE	ATH	Arteri	osclerotic	Cardio	ascular Di	sease		
	heort failure,	osthenio, etc. It m	e of dying, e.g.,	DUE TO						
	injury or cor	mplication which cau	ised deom.)							
	A	NTECEDENT CA	USES	/ D\						
	DISEASES	OR CONDITIONS,	IF ANY, GIVING	DUE TO					000000000000000000000000000000000000000	
	UNDERLYIN	E ABOVE CAUSE (A	AST.					1548		
Z				(C)						
H		11								
0		NIFICANT CONDITION DEATH BUT NOT								
CERTIFICATION	DISEASE O	R CONDITION CAU	ISING IT.							
SER	19A. DATE OF		CONDITION FOR Y	WHICH OPERATION		11	B. IF YES, WERE FIN			
_					No	)				
MEDICA	UNDERLYING	L CAUSE WAS	21 B. home	PLACE OF INJURY (e.g., , form, factory, street,	in or obout 21 C. Woffice bldg., INJURY	VHERE DID (If	in Boltimore City, giv	e exoct loco	tion)	
50	UTING CAU	SE OF DEATH.	etc.)							
Σ	21 D TIME	(Month) (Doy)	(Year) (Hour) 2	1E. INJURY OCCURRED	21 F. HC	N DID INJUR	Y OCCUR?			
	(APPROX.)		v	VHILE AT NOT	WHILE					
	22.		m. V	VORK L AT V	VORK L					
	I cert	rify that I held an	Inquiry	Inspection X Au	tapsy and	that an this	basis, death in m	y apinian		
	resul	ted fram: Natura	Lauses X A	ccident Suicio	le Hamici	de Un	determined manne	r 🗌		
		1/	MA	7 //	CHIEF MI	EDICAL EXA	MINER			
	ACTUAL		11/2015	ton X	ASSISTANT MI				DATE SIG	NED
	SIGNAT	EDIC	Marc	The Table	ACCOCIATE M					
	NAME (		liger Breit	tenecker, M.D	. ASSOCIATE M	EDICAL EXA	MINER _		12/7/6	6
	BURIAL CRE	MATION, 23B. DAT	E . 23	C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City,	town, or cou	nty) (S	itote)
RE/	MOVAL (Specify		170/66	Halm Dadage	mor Com	Ro1	timoro M	1.7		
24	Buria.			Holy Redeen			timore, M		Darce	
241		BY HEALTH DEPT.		OF REGISTRAR	Schill	nunek F	uneral Ho		DRESS DC.	
		DEC 9 19	66 R. Cel	t E. Farley M.S			ladison St	,		
VS	151-REV. 1/1/	65	1 9 6	0 0				•		



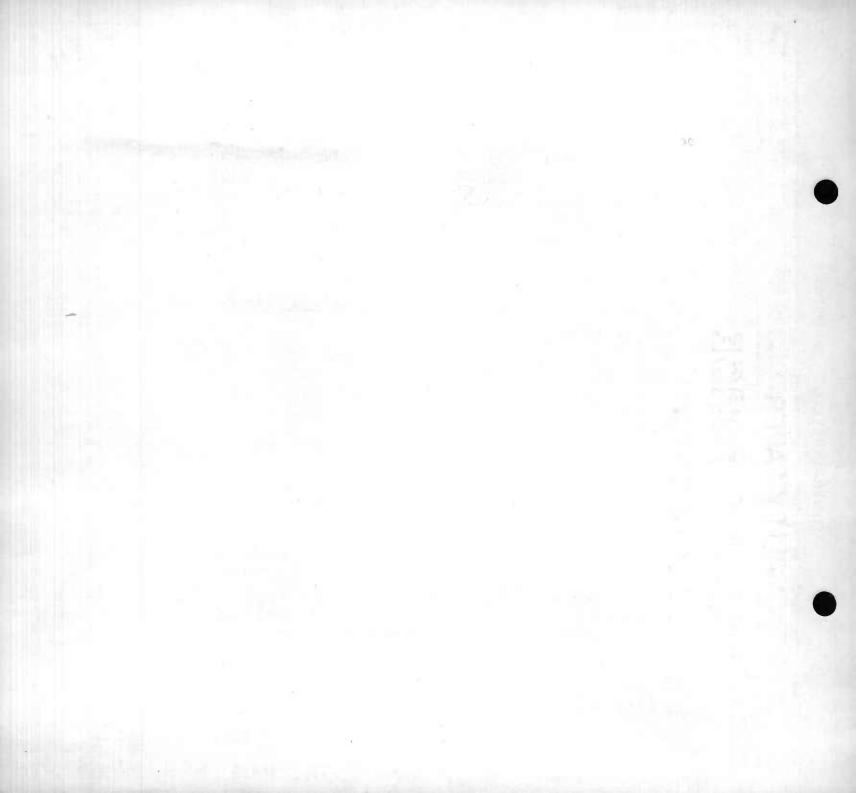
00 12234	66	12294	
----------	----	-------	--

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No	66	12294
------------	----	----	-------

3	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	bb 12294
	I. NAME OF DECEASED (Type or Print) ANCY SMALL  3. PLACE OF DEATH IN BALTMORE, MARYLAND	Wood	0,3	HOUR OF DEATH  O Addressed wed. If instity	1/2/7/66 M.  Julion: residence before odnission)
	FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION	ve street	40	ide city limits, write RU	MAL and give township)
6	3 8 University Hospit Baltimore, Maryla		D. STREET ADDRESS (IF IN 2917 Parkwood	rol, give (ocotion)	Fas P
s mad	V WIDOWED,	NEVER MARRIED DIVORCED (specify) Single	10/2/47.	ost birthdoy) 19	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tion i	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF done during most of working life, even if retired)	BUSINESS' OR INDUSTRY	MD		12. CITIZEN OF WHAT COUNTRY?
dispositi	ROBERT SMAUWOOD		FANNIZ		
final	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO,		vood 2917 I	Parkwood Avenue
balmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A) GR	M NEGATIUS	= SEPTICEL	INTERVAL BETWEEN ONSET AND DEATH
embal	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	0	RITONIOS.		
are	DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION lost.	(C)			
before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
re the	19A. DATE OF OPERATION 19B. CONDITION FOR W		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	e, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?		City, give exact location)
obtained	U OF INJURY	e At Not While			2 / 7 //
pe op	22. I certify that (I) (this haspital) attended the that (V) (we) lost saw the deceased alive on	12/7			on death occurred on the date
I must	ond haur and from the causes stoted obave. (1)		ending Med.	Stoff Phys.	12/7/66
approval	23C. PHYSICIAN'S NAME (Type) FINN ROBINS	CA M.D.	23D. ADDRESS	+	
	24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify) Burial 12-12-66 M	t. Auburn C	Sem. Ba	ltimore, M	
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	at their	George Kels	on 1348 N.	Calhoun Street

VS 150-REV. 1/1/65



# BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12295

BIRTH NO.	CAL LAAMIIALK 3 C	LKIII CAIL OI DLAIII Kegiste	1100
M.E. CASE NO.			ED DEAD
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCE	
GOLDY 3. PLACE IN BALTIMORE, MARYLAND, WH	TALBOTT HERE PRONOUNCED DEAD	December 7, 196  4. USUAL RESIDENCE (Where deceosed lived, If insh B. COU	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	L OR INSTITUTION, GIVE STREET TION)	Maryland  c. city or town (If outside corporate limiter write	
Johns Hopkins Hosp	oital	Baltimore D. STREET ADDRESS (If rurol, give locotion)  5346 Wright Avenue	
5. SEX 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily) Married	B. DATE OF BIRTH  July 8, 1904  8. AGE (In yeors lost birthdoy)  62	If Under 1 Yr, If Under 24 Hrs. Months, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse	10B. KIND OF BUSINESS OF INDUSTR HOSPITALS		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	nospitais	Virginia 14. MOTHER'S MAIDEN NAME	U.S.A.
John Woeley House	h	Many Vincinia Danuatt	
John Wesley Hough	FORCES? 16. SO CIAL	Mary Virginia Barrett	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	s of service)   SECURITY NO. 218-22-6376	Dover E Talbett 52/6 Unio	he Arro Dolto Md
18.		Dewey F. Talbott 5346 Wrights OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR LEADING TO DEATH  (This does not meon the mode of heart foilure, osthenio, etc. It meons injury or complication which coused d  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST, UNDERLYING CONDITION LAST.	dying e.g., the disease, leath.)  NY, GIVING  (A) Acute DUE TO	Barbiturate Intoxication.	
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REL. DISEASE OR CONDITION (198, CONE WAS PERF	ATED TO THE		
		Yes Yes or No. 208, IF YES, WERE FILL IN CERTIFYING CAU	
ZIA. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Home	office bldg., INJURY OCCUR?  5346 Wright Avenue	ve exact location)
21D TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) 12 7 166	P m. WHILE AT NOT	WHILE Overdose of barbitura	ites.
I certify that I held on In	nquiry Inspection A	utopsy 🗴 and that on this bosis, death in m	er
ACTUAL SIGNATURE	aches & Koly M.	D. ASSISTANT MEDICAL EXAMINER	12/8/66
	es S. Petty	ASSOCIATE MEDICAL EXAMINER	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 12-10-6	23C. NAME OF CEMETERY  Mt. Olivet Cer		, town, or county) (Stote) , Maryland
24A, DATE REC'D BY HEALTH DEPT.  VS 151-REV, 1/1/65	248, NAME OF REGISTRAR	Wm. Cook-Brooks Inc. 12	ADDRESS 17 St. Paul St.

And the first of the second of

VS 150-REV. 1/1/65

Armer and a second and a second Marcelle of March 2122 Marylow Also 12-18-78 67 100 Corn Kimme 1 Lagre Come & Che ( speciency if ( clouded this liter by Textineers Hosers Port Collecto Later Tron I don be clos of Colon 7 Pec

# BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12297

M.E. CASE NO.	7711		Will TERO C			) L/ ((() )		
. NAME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
Type or Print)		Rosie B.	Johnson			11/	25/66	3:10 p. M.
	TIMORE, MARYLAND	, WHERE PRONOL	INCED DEAD	A. STATE	ENCE (Where aryland	B. CO	titution: resid UNTY	dence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  NSTITUTION					e corporate limits, writ	e RURAL or	nd give township)	
			Ва	ltimore	16	5-06	2	
00				D. STREET ADDR	RESS (If rurol,	give location)		
00	2737 North	n Ave.			2737 No	rth Ave.		
female	6. RACE colored	7. MARRIED, WIDO WED, I	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	1	9. AGE (In years lost birthdoy) 65	If Under Months	Doys Hours Min.
	working life, even if reti		BUSINESS OR INDUSTRY	11. BIRTHPLACE (	State or foreig	n country)	12. CITIZ	EN OF
3. FATHER'S NAM	ΛE	?		14. MOTHER'S M.	AIDEN NAMI		?	
	D EVER IN U.S. AR		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
es, no or unknown	in yes, give wor or	gores of service/	SECORITI NO.	Mrs Whi	tehead	3411 Fore	est Pa	ark Ave
18. 4	1.01		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO THE UNDERLY!!  OTHER SIG TO THE DISEASE O	not meen the mod, osthenio, etc. II mmplication which could not be a condition to the condition of the condition cause of the condition cause of the condition cause of the condition of the cond	USES  IF ANY, GIVING A) STATING THE AST.  DNS CONTRIBUTIN RELATED TO T SING IT.  CONDITION FOR N	HE	20A, AUTOPSY		208. IF YES, WERE FI		
0 2	WAS	PERFORMED		у	es	IN CENTENING CAU	SES OF DE	ATH?
UNDERLYING CAU	L CAUSE WAS OR CONTRIB- ISE OF DEATH.		PLACE OF INJURY (e.g., form, foctory, street,			If in Boltimore City, g	ive exoct lo	ocotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy)	V	HILE AT NOT AT W	WHILE	JUNI DID WO	RY OCCUR?		
22, 1 cer	tify that I held an			topsy X and	that on thi	s basis, death in	my opinio	n
	ted fram: Natura		ccident Suicid			Indetermined mann		
	1.0					AMINER _		
SIGNAT		wer L.	SA M.D.					DATE SIGNED
EXAMIN			M.D	ASSOCIATE M			1	1/26/66
NAME (	Type) Wer	ner U. Spi						
ZA. BURIAL CRE	y) .		C. NAME of CEMETERY	_			, town, or	county) (State)
Burial		9/66	Mt Calvary	Cemetry		A County		
4A, DATE REC'D	DEC 9 19	66 Robert	of REGISTRAR  E. Failly MA	Adolp	hus Ha	1stead 120		North Ave

Unem-Loyed

Mrs. Willebend SALL Foreign berts live

Markel 12/9/66 Ht Galvary Gentry A A County Hd

W. Accel beatsfull modelobt

BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFIC	ATE OF D	EATH Registe	red No.00 1223	0
M.E. CASE NO.								
I NAME OF DE		12				HOUR PRONOUNCE		
2 21 4 27 11 24		5 H. HO.		W	12-6-6		6:45 A	
	TIMORE, MARYLAND, W			A. STATE Mary		ceased lived. If insti 8. COU	lution: residence before admis	sion
HOSPITAL OR	ADDRESS OR LOCA	TION)	JIION, GIVE STREET	C. CITY OF	TOWN (If outside of	corporate limits, write	RURAL and give township)	
MARYLAND GENERAL HOSPITAL				imore ADDRESS (If rurol, gi	ve location)	2		
TO				210	W. Read Str	eet 212	01	
5. SEX Male	6. RACE Colored		NEVER MARRIED DIVORCED(specify)	B. DATE OF	3/24	9. AGE (In years lost birthday) 42	If Under 1 Yr. If Under 24 Months, Doys, Hours, A	
IOA. USUAL OCC	CUPATION (Give kind of work working life, even if retired)				,		12. CITIZEN OF WHAT COUNTRY?	
13, FATHER'S NAM	apreciate decrease			128	S MAIDEN NAME			
	Henry Holls			Roai				
(Yes, no or unknown	ED EVER IN U.S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORM		# 33 . 30	ADDRESS	
yes	WW 2			Mrs	Madaline	nolland 2.	10 W Read St	
DISEASES RISE TO TH	not mean the mode of a, asthenio, etc. It means implication which coused of ANTECEDENT CAUSES OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST.	the disease, death.)  NY, GIVING	(A) Cerebr					
TO THE	II CHIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CON WAS PER	ATED TO 1	HE				NDINGS CONSIDERED	
100	AL CAUSE WAS		PLACE OF INJURY le.g., i		es			
O UNDERLYING	OR CONTRIB-	home etc.)	, fam, foctory, street, o	ffice bldg., IN	Read and Ho		//-03	
OF INJURY (APPROX.)	(Month) (Day) (Year) 9 25 66 3:	(Hour) 2	TE. INJURY OCCURRED	ANNIE	fell on str			
22.	rtify that I held an Ir		Inspection Aut	CHERNY			ny opinion	
ACTUA SIGNAT		er l	sccident v Suicide	CHIE ASSISTAN	micide Uni F MEDICAL EXA	determined monne		D
EXAMII NAME (		U. SPI	rz, M.D.	ASSOCIAT	TE MEDICAL EXA	MINER	12-0-00	
23A. BURIAL CRE REMOVAL (Specif	MATION, 23B. DATE	23	C. NAME of CEMETERY O	CREMATO	23 D. LOC	CATION   City,	town, or county) (State	9)
Buria		24B, NAME	National Ce	metry	Bal	timore Md	ADDRESS	
	DEC 9 1966	R.O.	4 2 Fallenna			1stead 120	6 W North Ave	
VS 151-REV. 1/1	165 / 8 5 (							

ASVEANS ROPERS OF THE PROPERTY OF THE PROPERTY

full provide and interest interest in the light in the land in the

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

THE RESERVE OF THE PARTY OF THE

00	4	00	300	
66	1	Ci	30(	)

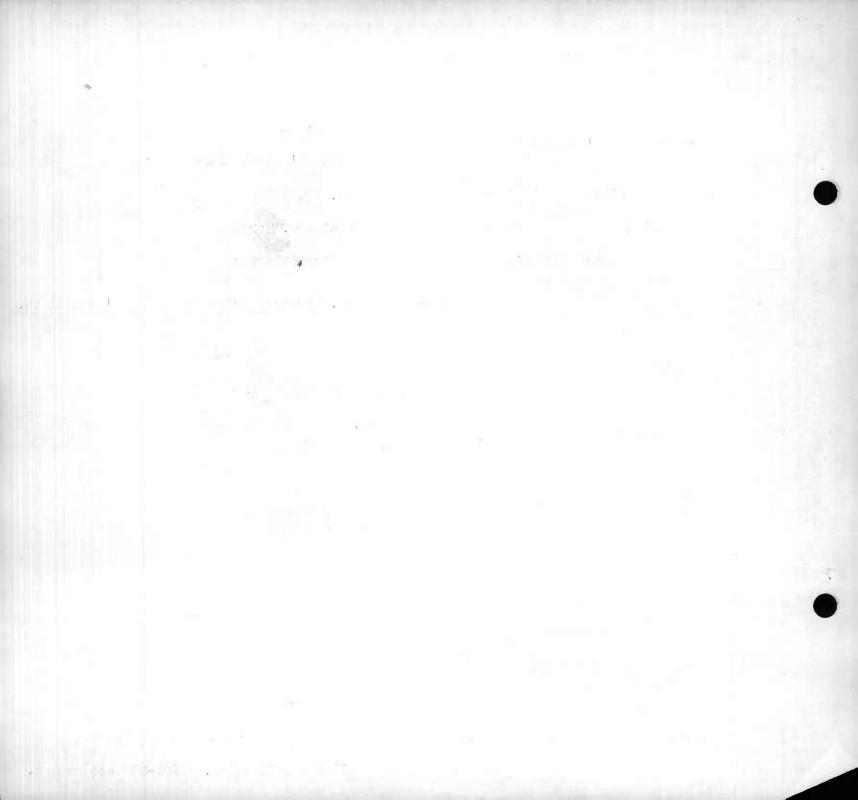
#### BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.	66 12300
Registered No.	00 21,011

BIRTH NO.	00	TSOU	CERTIFICA	TE OF DEATH	Registered Na	00 12,000
M.E. CASE NO.	CEASED			2. DATE AND	D HOUR OF DEATH	
(Type or Print)		LIZABETH	CLAYTOR	Decem	ber 6, 1966	
. PLACE OF D	EATH IN BALTIMO	DRE, MARYLAND		14. USUAL RESIDENCE (Where	deceased lived. If inst	litution; residence before admission
				A. STATE B. COUNT	Y	
FULL NAME		hospital or institution location)	on, give street	Maryland		
INSTITUTION	oudicas c	1 1000110117			ide city limits, write RU	JRAL and give township)
	2007 013			Baltimore		-01
00	540T 0.DG	onnell Str	990		urol, give location)	
00				2901 0 Donne		
, S EX	6. RACE		WED, DIVORCED (specify)	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
emale	White	Wid		Oct. 29, 1894	72	
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
Housew:	of working life, even i if A		Home	Baltimore, Mar	vland	WHAT COUNTRY
FATHER'S NA		01111	11-110	14. MOTHER'S MAIDEN NAM		
- FAIRICKS NA		Forelein				
	пенгу	Fegelein		Mary Selmey	er.	
, Wos Decease	d Ever in U. S. A	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	Till yes, give we	. or doles of service	214-01-8785	Mrs. Margaret	Friedline C	2901 O'Donnell St
18.				PF DEATH	LI TOUTTHE 7	INTERVAL BETWEEN
000	OX		CAUSE	- DEMIN		ONSET AND DEATH
DISEA	ASE OR CONDIT		12		*	72 lers.
(This does		nade of dying, e	(A) 7	roncorpring	mand	12000-
heart foilure	e, osthenia, etc. 1	I meons the disec	ise,			
injury or co	mplicolian which	caused death.)	MAI	renchopnu	1.0.0	10 600
	ANTECEDENT	CAUSES	DUE TO	enter active of	CC C(1)	100
DISEASES	OR CONDITION	NS, if ony, giv	ing	abetes me	11 7	1
		se (A) stating	The (C)	ewer we	leun	1543
UNDERLIIN	NG CONDITION	1051.				
7	- 11		711.0			
		TIONS CONTRIBU				
DISEASE O	R CONDITION CA	USING IT.				
19A. DATE C		98. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
				no		
OF CONTRI	ENT WAS UNDER	LYING OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bldg. INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (noti	fy medical examina	er)	etc.)			
21D. TIME	(Month) (Doy)	(Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY			White At Not Whi	le 🗀		
(APPROX.)			Work Al Work			
22. I certif	y that (I) (this	nespital) attende	d the deceased fram	Jan 15 1	951 to 12	16 196
			n Dee 4	//		ian death accurred an the d
23A. SIGNAT		ses stated above	o. (i) (me) (ara) (aid nat)	view the bady after death.		DATE SIGNED
A SIGNAL	OKE	4	A	ending Med.	Stoff -	23B. DATE SIGNED
Tour	dore K.	Kres	Imacc Phy	ending Med. Director	Phys.	12/9/66
23C. PHYSICI	IAN'S			23D. ADDRESS		1
1 cm	dano	Kaulk	PROCES M.D.	1527 F	· Mant	6 AL-0
4A. BURIAL CR	REMATION, 24B.	DATE 240	C. NAME of CEMETERY OF CR	EMATORY 240 LO	CATION (City	, town, or county) (Stole)
REMOVAL	(Specify)		STATE OF GENTLERE OF GR	240, 60	Chiy	, lowing or coolings (Stole)
Burial,	. 12-	-10-1966	Sacred Heart	Balt	timore Count	y, Maryland
SA. DATE REC'	D BY HEALTH DE		AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JEC Q 10	166 10 0	0070	T471 % 8 7047 0	n Tno 1001	O7 Pastawn Asso

VS 150-REV. 1/1/65

1901-0/ Eastern Ave.



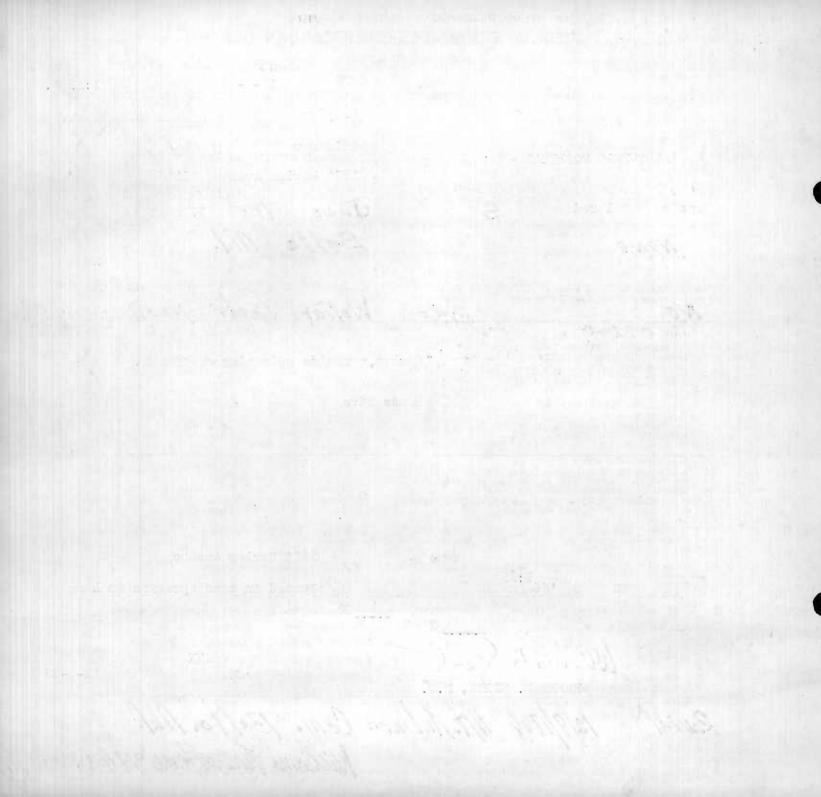
VS 150-REV. 1/1/65

surgetiment was is Hill and inferred the

14:00

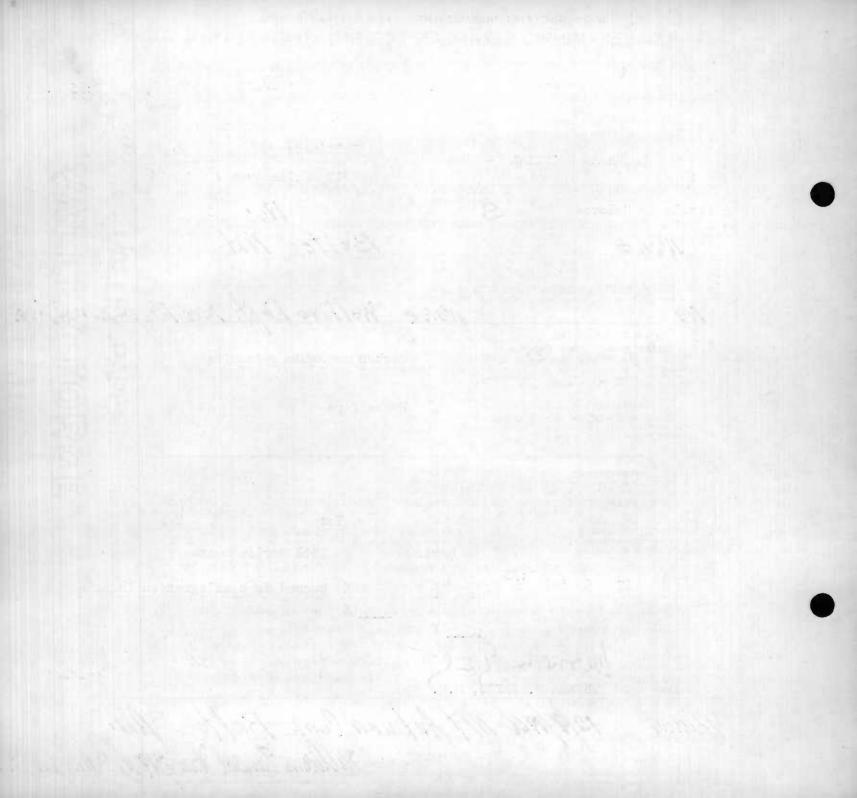
# 86 12302 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65 - 17854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

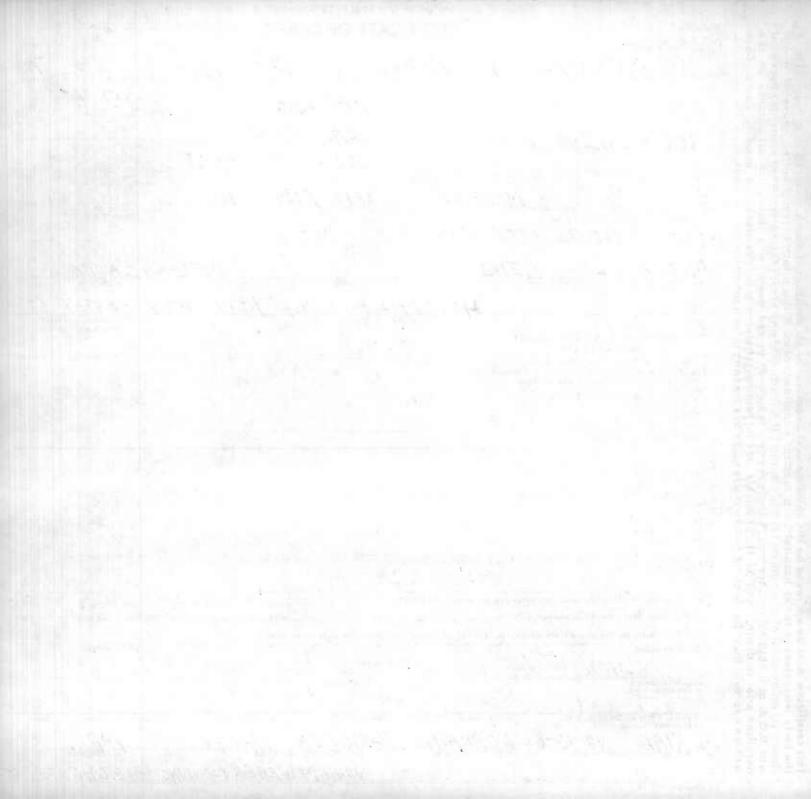
	E CASE NO.	ICAL EXAM	WINTER O CE	KINIC/KIE C	) DE/(III was	
1.	NAME OF DECEASED			2. DAT	TE AND HOUR PRONOUNCE	D DEAD
119	R	ROBBIN	JORDAN		12-6-66	7:55 A. M.
FU	PLACE IN BALTIMORE, MARYLAND, W	TAL OR INSTITUTION.	DEAD GIVE STREET			tution: residence before odmission) NTY
HO	SPITAL OR ADDRESS OR LOCATION	ATION)		C. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give township)
1	LUTHERAN HOSPIT	CAL - DOA		D. STREET ADDRESS (	f rurol, give locotion)	6-00
	99			2812 Harles	m Avenue 21216	
5. S	emale Colored	7. MARRIED, NEVER		DATE OF BIRTH	9. AGE (In years lost birthday) 1700 17 mon	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of word a during most of working lile, even if retired)		NESS OR INDUSTRY	Bez / to		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		1	4. MOTHER'S MAIDEN	NAME	
	WAS DECEASED EVER IN U.S. ARMEI s, no or unknown) (If yes, give wor or dot		CURITY NO.	7. INFORMANT	nont in	ADDRESS
-	118,	10	CALISE	OF DEATH	Depi 1000	INTERVAL BETWEEN
	DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart foilure, asthenia, etc. It mean injury or complication which caused	H f dvina. e.a.		monoxide po	isoning	ONSET AND DEATH
	ANTECEDENT CAUSE	ES	House	fire		
7	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	STATING THE	DUE TO			
5						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN	ELATED TO THE		***************************************	***************************************	
	19A. DATE OF OPERATION 19B. CON		OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CAUS	
N N	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218, PLACE	OF INJURY (e.g., in	or obout 21 C. WHERE	DID (If in Boltimore City, giv	re exact location)
MEDICAL	UTING CAUSE OF DEATH.	etc.)	Iome	2812	Harlem Avenue	16-06
	OF INJURY (APPROX.) 12 6 6	7:55 WHILE	AT NOT W	«	d in conflagrat	tion in homo
	22.		party.		an this basis, death In m	
	resulted from: Natural ca				Undetermined manne	
	ACTUAL /1097118	4.6	)(-	CHIEF MEDICA	L EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) WERNER	R U. SPIZZ,		ASSOCIATE MEDICA		12-6-66
	BURIAL CREMATION, 238 DATE	1966 9117	AUDU/1	CREMATORY :	Ballo Cation (City,	town, for county) (State)
24/	A. DATE REC'D BY HEALTH DEPT	24B. NAME OF RE	GISTRAR TABLE	24C. FUNERAL DIRI	ECTOR MANAGEMENT	ADDRESS ADDRESS
VS	151-05V 1/10EC 9 1966	Robert E.	COD.	VILLIAMS	yumeray rance	JITH MANGENTAN



	1 00 1	1
512	BIRTH NO. 62-3	7

	H NO. 62-	35078 MED	ICAL EX	AMINER'S C	ERTIFI	CATE OF	DEATH Regist	ered No.	12303
-	CASE NO.	CEASED				2 DATE AN	D HOUR PRONOUNG	ED DEAD	
(Тур	e or Print)			ETTO (DOOT				LLD DEAD	
3. PI	ACE IN BALT	ANGE		THOMPSON DEAD	II4 IISIIAI	12-6-	deceased lived, if ins	titution: reside	7:55 A. M.
FUL HOS	L NAME OF		TAL OR INSTITU	JTION, GIVE STREET	A. STATE	yland or town (If outside	B. CO	UNTY	
1	46	LUTHERAN HOS	PTTAT	DOA		timore ADDRESS (If rurol,	give location)	-080	
-	00	do rimitally 11001		DOLL	1	2 Harlem A		16	
5. SI	x I	6. RACE	7 AAABBIED	NEVER MARRIED	B. DATE C				Yr. If Under 24 Hrs.
Fe	emale	Colored	WIDOWED	PIVORCED (specify)		196	9. AGE (In years last birthday) 3		Pays Hours Min.
done		working life, even if retired)		BUSINESS OR INDUSTR	Bit	ER'S MAIDEN NAM	E Country)	12. CITIZEN WHAT	OF COUNTRY?
					1.71				
		D EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFOR	T. D	1	ADDRESS	+1.
-	VG			Morve	11011	rare Lep	V. 1000 F	aroen.	MOUNT / YVE
	В.	16.0		CAUSE	OF DEA	TH /			NTERVAL BETWEEN
	DISEA	SE OR CONDITION D		0	1	1			
	(This does	LEADING TO DEAT	• •	(A)	bon mo	noxide poi	soning		••••••
	heart failure,	, asthenia, etc. It mean mplication which caused	s the discose,	DUE TO					
			-						
		ANTECEDENT · CAUS		(B)	se fir	e			
	RISE TO TH	OR CONDITIONS, IF	ANY, GIVING	DUE TO					
	UNDERLYII	NG CONDITION LAST.		(C)					
Ó.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			· · · · · · · · · · · · · · · · · · ·		
ERTIFICATION	TO THE	II NIFICANT CONDITION: DEATH BUT NOT R R CONDITION CAUSIN	ELATED TO T	NG HE					
I.R.		OPERATION 198, CO	NDITION FOR	WHICH OPERATION	20A. A	JTOPSY? (Yes or No)	208. IF YES, WERE F		
ū	2	WAS PE	RFORMED		Y	es	IN CERTIFYING CAL	ISES OF DEA	TH?
	21 A. EXTERNA	L CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or about	21C. WHERE DID			ation)
回	UTING LCAU	ISE OF DEATH.	etc.)	House		2812 Har1			16-06
	21D TIME OF INJURY		or) 7 (H5'5) 2	1E. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
	(APPROX.)	12 6 '66	AM m.	VHILE AT NOT	WHILE X	Burned in	conflagrat	ion in	home
	22.	atter at no 1 to 1 down					to the department		
		tify that I held an			tapsy X		is bosis, death In		
	resul	Ited from: Notural co	ouses A	ccident X Suicid			Undetermined mann	ner	
	ACTUA	1.000	(	11		EF MEDICAL EX			DATE SIGNED
	SIGNAT		sh- 1	M.D	ASSIST	NT MEDICAL EX	KAMINER XX		
	EXAMIN NAME (	VER'S	U. SPIT	7		ATE MEDICAL E			12-6-66
	BURIAL CRE		/ 23	C. NAME OF CEMETERY	CREMAT	23 D. L	OCATION (City	y, town, or co	unty) (Stote)
13	urial	BY HEALTH DEPT.	1966	MEAubu	hN (	im. L	Ræ/10.	1/4	DDRESS
24A		EC 9 1966		E Farley M. B.	9/1	FUNERAL DIRECTOR	welled Hours	810 M	Sahmadan
VS	151-REV. 1/1/	/65	0 0		1111	rungino pun	www norre	11/11/	younger
		N 76	5.0						



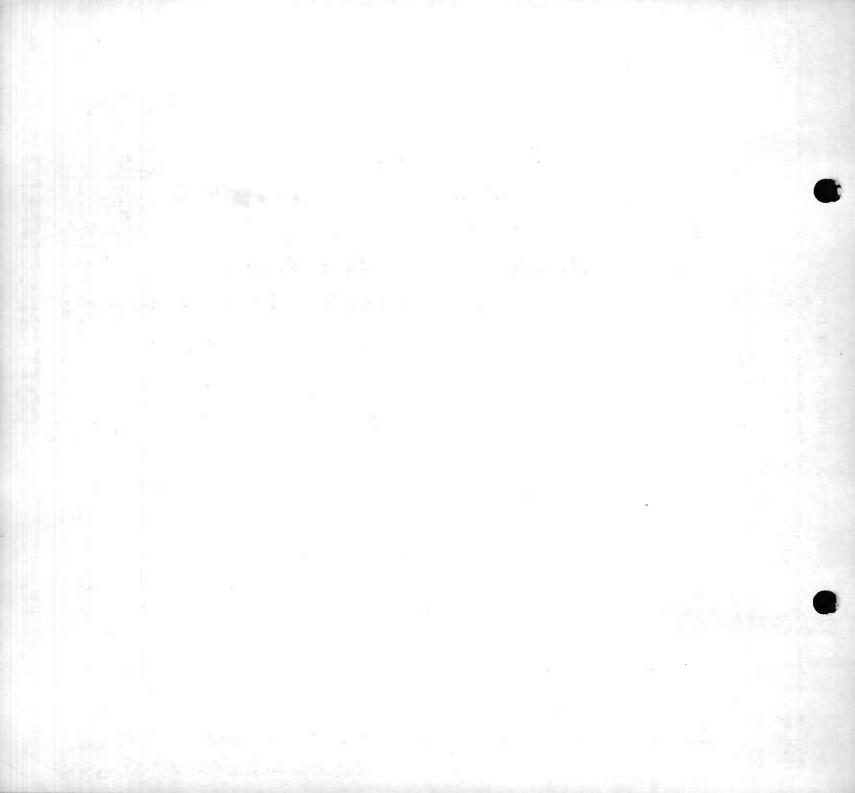


1966

VS 150-REV. 1/1/65

a hospital and cause of death

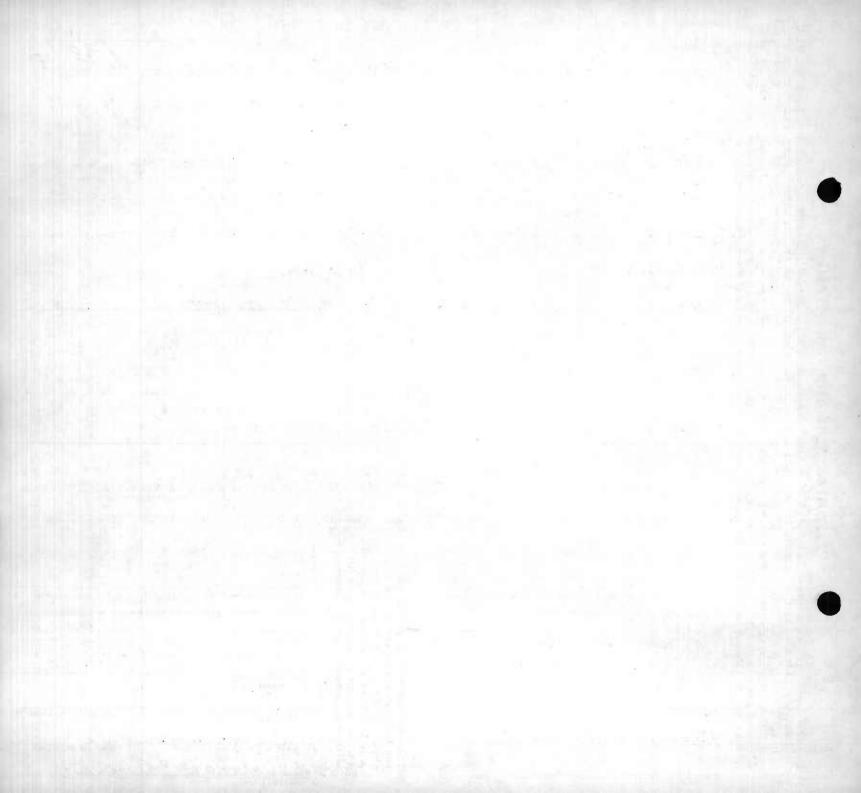
CERTIFIC  AND  Institution, give street  A Bolton  MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  WIDOW  KIND OF BUSINESS OR INDUST  PRIVATE  SECURITY NO.  215-22-752  CAUSE  TLY	d. USUAL RESIDENCE (What A. STATE B. COU  C. CITY OR TOWN (III of the County of the Co	utside city limits, write left turol, give location)  9. AGE (In years, tost birthday)  19. AGE (In years, tost birthday)  20. AGE (In years, tost birthday)	RURAL ond give township)  Af Under 1 Yr. If Under 2 Months Doys Hours Mart COUNTRY?  ZI, S, P.  ADDRESS
MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  WIND OF BUSINESS OR INDUST  PRIVATE  SECURITY NO.  215-22-152  CAUSE	A. USUAL RESIDENCE (What A. STATE B. COU  C. CITY OR TOWN (II of BLACK B. COU  D. STREET ADDRESS II  B. DATE OF BIRTH  12/29/06  14. MOTHER SCHALDEN N.  17. INFORMANT	ere deceased lived. If in NTY  utside city limits, write frurol, give location  P. AGE (In years lost birthday)  RAME	RURAL ond give township)  Af Under 1 Yr. If Under 2 Months: Doys Hours A  12. CITIZEN OF WHAT COUNTRY?  21. 5. 7
MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  WIND OF BUSINESS OR INDUST  PRIVATE  SECURITY NO.  215-22-152  CAUSE	A. STATE  B. COU  C. CITY OR TOWN  OF BRIDE  B. DATE OF BIRTH  12/29/06  14. MOTHER SCHALDEN N.  17. INFORMANT	utside city limits, write frurol, give location)  9. AGE (In years tost birthday)  RAME	RURAL ond give township)  Af Under 1 Yr. If Under 2 Months: Doys Hours A  12. CITIZEN OF WHAT COUNTRY?  21. 5. 7
MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  WIND OF BUSINESS OR INDUST  PRIVATE  SECURITY NO.  215-22-152  CAUSE	A. STATE  B. COU  C. CITY OR TOWN  OF BRIDE  B. DATE OF BIRTH  12/29/06  14. MOTHER SCHALDEN N.  17. INFORMANT	utside city limits, write frurol, give location)  9. AGE (In years tost birthday)  RAME	RURAL ond give township)  Af Under 1 Yr. If Under 2 Months: Doys Hours A  12. CITIZEN OF WHAT COUNTRY?  21. 5. 7
MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  WIDOW  KIND OF BUSINESS OR INDUST  PRIVATE  SECURITY NO.  215-22-152  CAUSE	D. STREET ADDRESS  B. DATE OF BIRTH  12-29-06  ITY 11. BIRTHPLACE SIDE OF ION  14. MOTHER SCHALDEN N.  17. INFORMANT	frurol, give location)  19. AGE (In years tost binhaday)  19. AGE (In years tost binhaday)  19. AGE (In years tost binhaday)	Af Under 1 Yr. If Under 2 Months Doys Hours A  12. CITIZEN OF WHAT COUNTRY?  Z/, S, A
WIDOWED, DIVORCED (specify)  WIDOW  KIND OF BUSINESS OR INDUST  PRIVATE  6. SOCIAL SECURITY NO.  215-27-152 CAUSE	D. STREET ADDRESS  B. DATE OF BIRTH  12-29-06  ITY 11. BIRTHPLACE SIDE OF ION  14. MOTHER SCHALDEN N.  17. INFORMANT	frurol, give location)  19. AGE (In years tost binhaday)  19. AGE (In years tost binhaday)  19. AGE (In years tost binhaday)	Af Under 1 Yr. If Under 2 Months Doys Hours A  12. CITIZEN OF WHAT COUNTRY?  Z/, S, A
WIDOWED, DIVORCED (specify)  WIDOW  KIND OF BUSINESS OR INDUST  PRIVATE  6. SOCIAL SECURITY NO.  215-27-152 CAUSE	BAN WILL  8. DATE OF BIRTH  12/29/06  ITY 11. BIRTHPLACE SIDIO OF ION  14. MOTHER'S MAIDEN N.  17. INFORMANT	19. AGE (In years_tost binhody)  Output  AME  AME	Nonthan Doys Hours A Monthan D
WIDOWED, DIVORCED (specify)  WIDOW  KIND OF BUSINESS OR INDUST  PRIVATE  6. SOCIAL SECURITY NO.  215-27-152 CAUSE	BAN WILL  8. DATE OF BIRTH  12/29/06  ITY 11. BIRTHPLACE SIDIO OF ION  14. MOTHER'S MAIDEN N.  17. INFORMANT	19. AGE (In years_tost binhody)  Output  AME  AME	Nonthan Doys Hours A Monthan D
WIDOWED, DIVORCED (specify)  WIDOW  KIND OF BUSINESS OR INDUST  PRIVATE  6. SOCIAL SECURITY NO.  215-27-152 CAUSE	12/29/06 IRY 11. BIRTHPLACE STOLE OF TOTAL  14. MOTHER'S MAIDEN NO.  17. INFORMANT	9. AGE (In years tost birthday)  AME	Nonthan Doys Hours A Monthan D
Private  Security Nd.  2/5-22752  CAUSE	14. MOTHER SCHALDEN NO.	ame Jons	12. CITIZEN OF WHAT COUNTRY?
Service) 16. SOCIAL SECURITY NO. 215-22752 CAUSE	14. MOTHER SCHALDEN NO.	dens	WHAT COUNTRY?
service) 16. SOCIAL SECURITY NO. 2/5-22-752 CAUSE	Lula San	dens	U.S.A.
service) 16. SOCIAL SECURITY NO. 2/5-22-752 CAUSE	Lula San	dens	ADDRESS
SECURITY NO.	Lula San	dens	ADDRESS
SECURITY NO.		. / /	ADDRESS
SECURITY NO.		e Manshall	V 11 12 /
3/5-27-752 CAUSE	OF DEATH	GND answall	
TLY	OF DEATH		1733 N. 130Nd St
TLY			ONSET AND DEAT
	10 P	Calana	2 11.00/
ing, e.g., DUE TO	ute remen	+allere	1 walc
diseose,		0 -	
(B) C	went Kenel	VI-SEDAS	e years
giving DUE TO	1 / 1	111	9
	raules /	news 15	yeurs
			1
TRIBUTING			
TO THE			
	20A. AUTOPSY? (Yes or h	10) 20B, IF YES, WERE	FINDINGS CONSIDERED
home, farm, factory, street,	g., in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Baltimore	e City, give exact location)
etc.)			
our) 21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
While At Not V			
	home, farm, factory, street, etc.)	TRIBUTING TO THE  ON FOR WHICH OPERATION  20A. AUTOPSY? (Yes or Med)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?	TRIBUTING TO THE  ON FOR WHICH OPERATION  20A. AUTOPSY? (Yes or No)  21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR?  (II in Baltimor etc.)



IMPORTAN

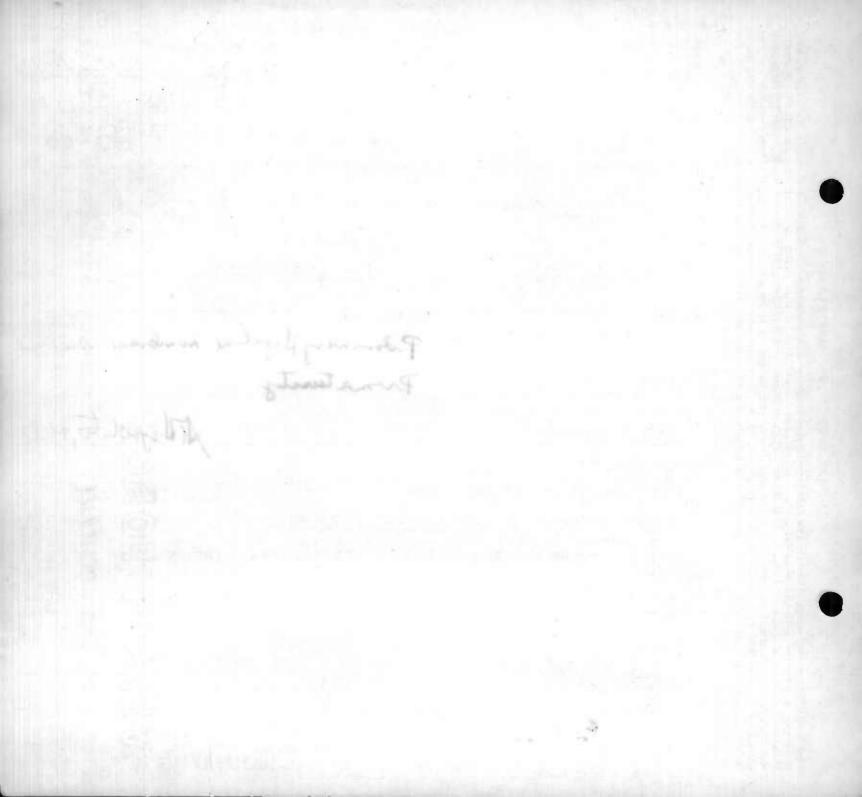
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

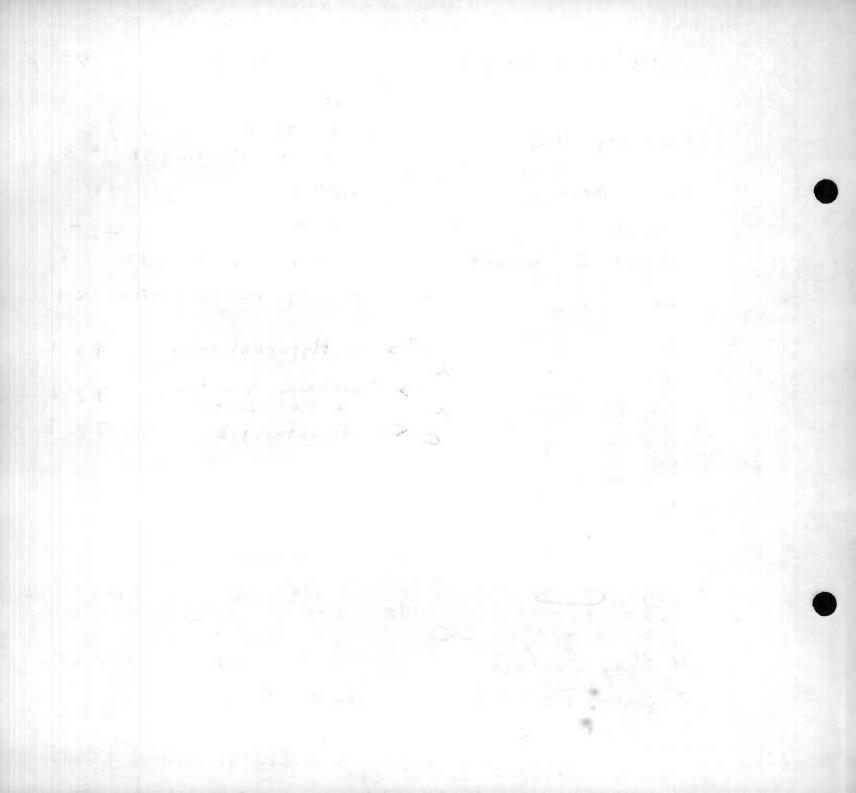


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

66-26026 3307	BALTIMORE CITY HEALTH DEPARTA	MENT	00
UBIRTH NO. UU I GUU!	CERTIFICATE OF DEA	ATH Registered No. —	66 12307
M.E. CASE NO.  1. NAME OF DECEASED	2.	DATE AND HOUR OF DEATH	* 4
(Type or Print) Babababal 17.	radden	12/3/66	1120/pn 4 m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDEN	B, CDUNTY	titution: residence before admission
FULL NAME DF (If not in haspital or institution		recer Bal	low Koul
HDSPITAL DR oddress or lacotion)	C. CITY OR TOWN		JRAL and give tawnshipl
Union Memorial He	solded	spanes	Dacto Co
Canoni lenorial 1	D. STREET ADDRES	S (If rurol, give lacotian)	03-A
144			mo
5. SEX 6. RACE 7. MARRIE WIDOW	MEVER MARRIED B. DATE, OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND	12/5/6 (	- 0	0 0 10 22
done during most of working life, even if retired)	DF BUSINESS OR INDUSTRY II, BIRTHPLACE (SIG	ate ar foreign cauntry)	12, CITIZEN OF WHAT COUNTRY?
haby	Mary	land	U.S.
13. FATHER'S NAME	14. MOTHER'S MAI		
Altred Madday	Frances	Scott-	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknawn  (If yes, give war ar dates af service	16. SOCIAL 17. INFORMANT		ADDRESS
gree war at dates at service	SECURITY NO.		
18. 5 9 2 5 T	CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY PE	dirley -	1 0	ONSET AND DEATH
LEADING TO DEATH	at Polnonary	Dyaline hom	brane Disease
(This daes not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease	g., DUE TD		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
injury ar camplication which coused death.)	Dren a turi	Test	
ANTECEDENT CAUSES	DUE TO	J	
DISEASES OR CONDITIONS, if any, givin		1 0	7 016
rise to the obove cause (A) stating the UNDERLYING CONDITION last,	(C)	AI	Inolito MD
The state of the s		AIN	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		/	
TO THE DEATH BUT NOT RELATED TO DISEASE DR CONDITION CAUSING IT.	THE		
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION 20A. AUTOPSY? (	Yes or Nol 208, IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., in or about 21C. WHEF ame, farm, factary, street, office bldg., INJURY O	RE DID (If in Boltimore CCUR?	City, give exact location)
O DEATH (natify medical examiner)	tc.)		
# OF INJURY		DID INJURY OCCUR?	12 20 10 10 10
2 (ADDROV)	While At Work At Work		
22. I certify that (I) (this hospital) attended	the deceased from Dec. 3	19 66 to Dec	C 3 1966
that (1) (we) lost sow the deceased alive or			on death occurred on the date
ond hour and from the causes stoted abave.			veconos on the dole
23A, S)GNAT,URE	(1) (we) tala) tala not) view the body offer		23B. DATE SIGNED
MAN Careka - 1	M.D. Attending Med.	Stoff	15/5//
23C. PHYSICIAN'S	Phys. Direct	tor Phys	143/6/0
NAME (Type)	ARIAT	OMV DOLDO OF	2 AR A DAVE A AND
	M.D. ANAI	UMI DUAKU UI	MARYLAND
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CREMATORY	HODKING MEI	, tawn, ar county) TStotel
15-8-60	oom (	MOLVINO ME	DICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 258. NAM	OF REGISTRAR 25C. FUNERAL I	MODTILL BY	ADDRESS
UEC 9 1966 (1660)	talber Mil 3	MUNIUAKY SI	RVICE - RCHI

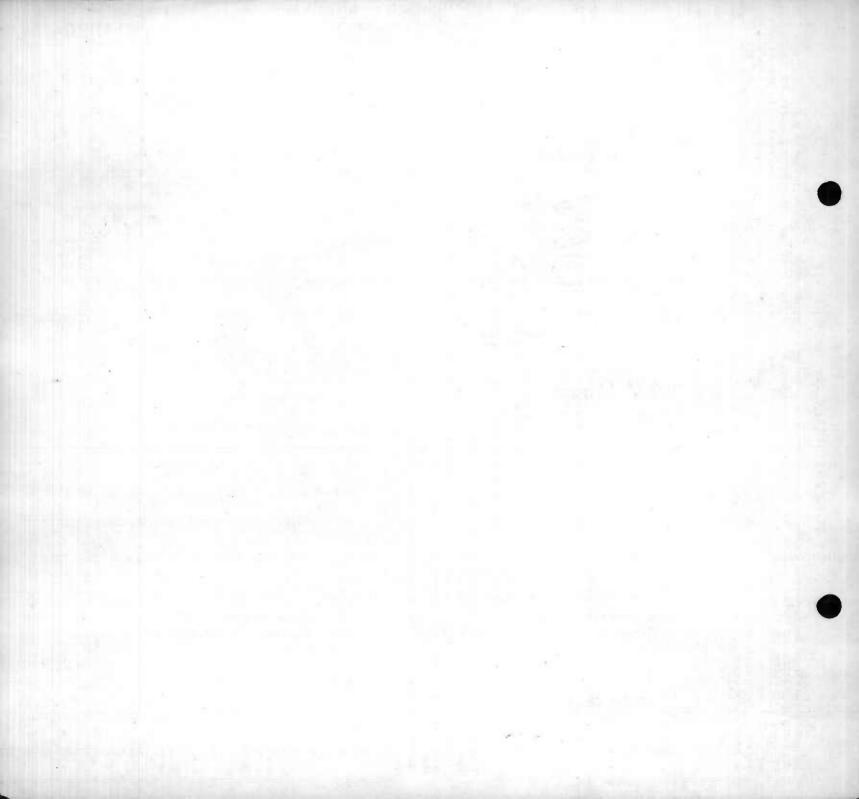


- GC 10	200	BALTIMORE CIT	Y HEALTH DEPARTMENT		A
BIRTH NO. 66 2010	7	CERTIFICA	TE OF DEATH	Registered Na	66 12308
(Type or Print) Donal		right	11	5 66	925 PM
3. PLACE OF DEATH IN BAL	IMORE, MARYLANI		4. USUAL RESIDENCE (Whe		titution: residence before admission)
	in hospital ar instit ss or tocation)	lution, give street	C. CITY OR TOWN (If au	tside city limits, write R	URAL and give tawnship)
University	Hosp.		D. STREET ADDRESS (IF	rural, give location)	st. # 3
5, SEX  6, RACE	7. MA	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MN	egro	DOWED, DIVORCED (specify)  ND OF BUSINESS OR INDUSTRY	10/13/66	lost birthdoy)	Months Doys Hours Min, 23
done during mast of working life, e		— OF BUSINESS OR INDUSTRI	Md.	ign cauntry)	WHAT COUNTRY?
13. FATHER'S NAME	_	1	14. MOTHER'S MAIDEN NA	ME	
Donald	I. Wr	ight	Ida	Betare	
(Yes, no or unknown) (If yes, give	Armed Farces? wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	D. Gary E	2 - 1 11 4	ADDRESS
No				enfield r	HV - UT
118.764.0		CAUSE	)F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CON LEADING		A	Hupern	atremia	401.
(This does not meon the			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in it contac	T.0
injury or complication w		1 2 -	Diambea	Mary Anna	
ANTECEDE	IT CAUSES	DUE TO	Diarrhea,	dration.	48 hr
DISEASES OR CONDI		11 -			
UNDERLYING CONDITI		8	sastroenteri	tis	12 hr.
OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NDITIONS CONTRI			Mar 3	
DISEASE OR CONDITION		FOR WHICH OPERATION	20A. AUTOPSY? (Yes for No	208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CA	USE OF	21B. PLACE OF tNJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
_	Doy) (Yeor) (Hau	While At Work At Work		URY OCCUR?	
22. I certify that (1) (th	is hospital atter			1964 ta	11 5 19 66.
that (1)((we) last saw t		- 11	17 3	-	ion death accurred on the dat
and haur and from the	causes stated ob	ave. (1) (We) (did) (did nat)			
D. Hary	Benfre	la M.D. AI	lending Med.	Staff Phys.	238, DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	Renfi	eld M.D.	23D. ADDRESS	os pan or	
	IB. DATE	24C. NAME OF CEMETERY OF CE	REMATORY 24D. L	OCATION (Cir	town, tr county (State)
REMOVAL (Specify)	12-1-4		UNIVERSITY	MEDICAL	SCHOOL
DEG 9	1966	See of AFGISTIAR Degrad	25C. FUNERAL DIRECTO	ARY SERV	ICE - ABETU
VS 150-REV. 1/1/65					

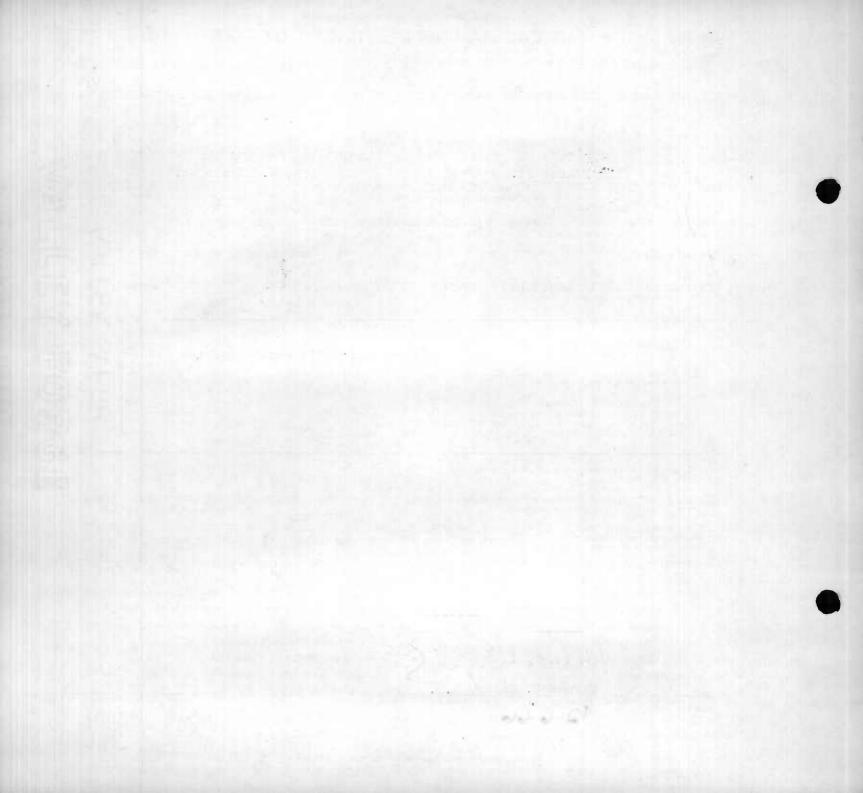


FUNERAL DIRECTOR: IMPORTANT

66 10000	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NG3-36130 66 12309	CERTIFICA	ATE OF DEATH	Registered Na.	66 12309
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AI	D HOUR OF DEATH	
(Type or Print) Sherry Green		11/2	24/66	5 pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before odmi
		A. STATE B. COUN	Bultimore	
FULL NAME OF (If not in hospital or institution, oddress or location)	The second secon	C. CITY ORATOWN & (If ou		JRAL and give township)
INSTITUTION TO 10 L/on /	Live .	4/ /	iore	0-16
3 3 The Johns Hopk	aus		rurol, give (ocotion)	40
33 Hospital		2854	Harford K	el 178
5. SEX 6. RACE / 7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		Il Under 1 Yr. Il Under 24 Months: Doys Hours N
1- N WIDOWEE	D, DIVORCED (specify)	12/30/63	lost birthdoy	Months Doys Hours N
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTR		ign country)	12. CITIZEN OF
done during most of working life, even if retired)	_	N.O.		WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	VISIT
Thomas C.				
15. Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	Januie 17. INFORMANT		ADDRESS
(Yes, no or unknown) (II yes, give wor or doles of service)	SECURITY NO.	17. INFORMANT		ADDRESS
1/0	3			
18. 754.41	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	r	0. 1.0 -	7.1. 1	
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) PILE TO	ndo cardial =	1 Dro elasto:	sus Lyr.
heart failure, asthenia, etc. It means the disease,	20110			
injury ar camplication which coused death.)	481			
ANTECEDENT CAUSES	DUE TO	**************************************		
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION last.	( 6)	<del>880 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 </del>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G Charati	n of digita	les tovicit.	1 2 days
DISEASE OR CONDITION CAUSING IT.		no augito	ms low race	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yet or N.	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
W	PLACE OF INITION	in at about 21C WHERE DID	() ( in Patriman	City of a second leading of
	ne, form, foctory, street,	office bldg., INJURY OCCUR?	ui in politimore	City, give exoct locotion)
0 // 0				
U OF INJURY	INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX.)	ile At Not Wh			
22. I certify that (1) (this hospital) tended to	he deceased from	10/12	19 66 10	11/24 19
that (I) (we) lost saw the deceased olive on	11/24			ion death occurred on the
ond hour and from the couses stated above. (	XXVO (did) Yaid and			
23A. SIGNATURE	(101)	Though Cat fit		23B, DATE SIGNED
Jane North		tending Med.	Stoll -	11/2/1/11
23C. PHYSICIAN'S	Ph Ph	ys. Director 123D. ADDRESS	Phys.	11/14/60
23C. PHYSI CAN'S NAME (Type)		1011	: 10	11.1 - 11
John Hohnson	M.D	Legit Cauch	4 palanus	Hopkung Hosp
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	AME of CEMETERY of CI	REMATORY 1 0 11 1 24D)	DEATION UL (Oily	flown, or county) (St.
12-666	***	HIMINEDCITY	MEDICAL	SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	ADV CERT	ADDRESS Y
DEC 9 1968 Roles	DE" JOHNING	MUKIU	JAKY SERV	ICE - BOHD
	The state of the s	and the second s		

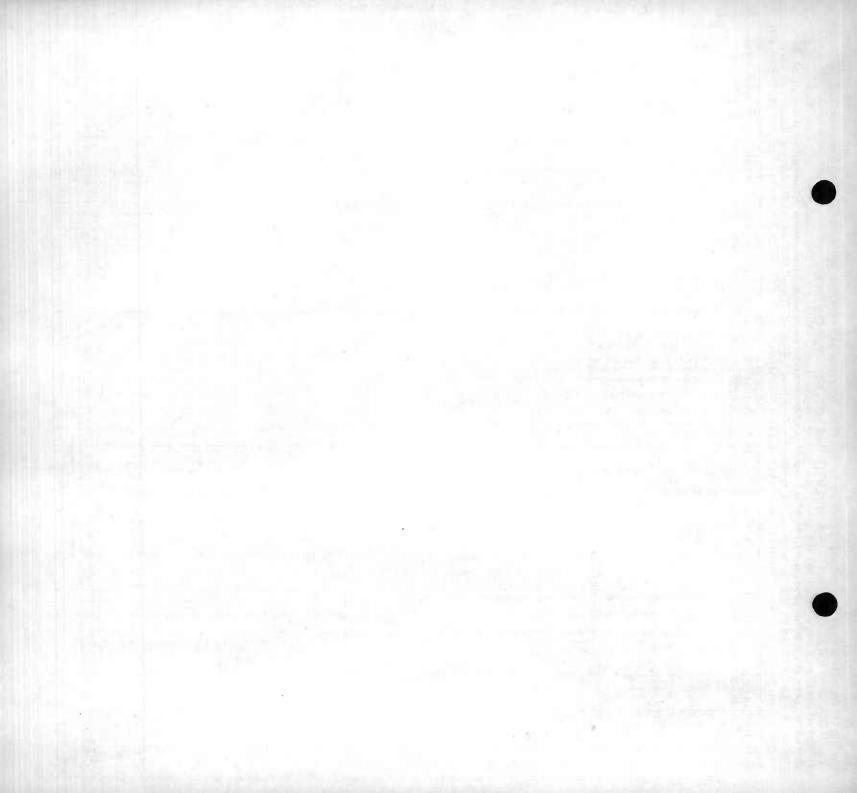


RIK	H NO.		MEDI	CALEX	AMIINER 3 CE	K I II I	CATE OF L	EAIL Kadizie	ed 110	-
M.I	CASE NO.									
1. I	NAME OF DEC	EASED					2. DATE AND	HOUR PRONOUNCE		
				Lula	Brown			11/22		9:40 a. M.
3. F	LACE IN BALTI	IMORE, MARYL	AND, WI	HERE PRONOL	INCED DEAD	4. USUAL	RESIDENCE (Where	leceosed lived. If insti B. COU	tutian: reside NTY	ence before admission)
FUI	L NAME OF	(IF NOT IN	HOSPITA	L OR INSTITU	TION, GIVE STREET		Maryland			
HO	SPITAL OR	ADDRESS	OR LOCA	TION)		C. CITY	OR TOWN "(If outside	corporate limits, write	RURAL ond	d give tawnship)
							Baltimore		03	
	00	0701 -				D. STREE	T ADDRESS (If rurol,			
	00	872½ P	ıerce					Pierce St.		
5. 5		6. RACE	ŢĦ		NEVER MARRIED DIVORCED(specify)	B. DATE C	OF BIRTH	9. AGE (In years	Manths, D	Yr. If Under 24 Hrs. Days   Haurs   Min.
	female	colore	d					818		
	. USUAL OCCU			10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or foreign	country)	12. CITIZEN	OF COUNTRY?
0011	during most of w	rotking me, even	ii remrea;							
13.	ATHER'S NAM	E				14. MOTH	ER'S MAIDEN NAME			
	WAS DECEASED				16. SO CIAL SECURITY NO.	17. INFOR	MANT		ADDRESS	
(16:	, na ar unknawn)	(iii yes, give w	or or dute:	or selaice.	SECORITI NO.					
	18.	0.1			CALLE	OF DEA	TH		- 11	NTERVAL BETWEEN
	400				0,4002	0. 01.4				ONSET AND DEATH
	DISEAS	LEADING TO		RECTLY	Arteri	oscle:	rotic cardio	ovascular di	isease	
	(This daes n	at mean the	made of	dying, e.g.,	DUE TO			***************************************		
		nplication which							H	
	A	NTECEDENT	CAUSES							
	DISEASES (	OR CONDITIO	NS, IF A	NY, GIVING	(B) DUE TO					
		E ABOVE CAU		ATING THE						
Z					(C)					
CERTIFICATION		- 11								
2	TO THE	DEATH BUT	NOT REL	CONTRIBUTII	NG HE					
TIF	DISEASE OF	CONDITION	CAUSING	IT.	/444**4********************************					
CER	19A. DATE OF		19B. CON WAS PERI		WHICH OPERATION	20A. A		OB. IF YES, WERE FIND CAUS		
	CT A EVTERNIAL	CALLEE WAS		lava	BLAGE OF INTIUDY		no	C. But etc.		
MEDICAL	21 A, EXTERNAL UNDERLYING	OR CONTRIB-		home	PLACE OF INJURY (e.g., i , form, foctory, street, a	ffice bldg.,	INJURY OCCUR?	f in Boltimare City, giv	e exact loc	otian)
B	UTING CAU	SE OF DEATH.		etc.)						
2	21 D TIME OF INJURY	(Month) (Do	y) (Yeor	(Hour) 2	1E. INJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?		
Н	(APPROX.)			m. V	VHILE AT NOT V	WHILE				
	22.						1.1.	1 1 1 1		
		ify that I hel		nquiry 🔲		opsy		s bosis, deoth in m		
	result	ted from: No	turol cau	ses X	ccident Suicide			ndetermined monne	er _	
	ACTUAL	111	1.	1 (	/ -	_ CH	IEF MEDICAL EX	AMINER		DATE SIGNED
	SIGNATI		nu	en h.	M.D.		ANT MEDICAL EX			1 100 166
	EXAMIN				7	ASSOCI.	ATE MEDICAL EX	AMINER	.L.	1/22/66
22.4	NAME (		rner	U. Spit		Alv	ATUMY IST	ARD OF	MARV	Omfy) (Stote)
	OVAL (Specify		AIE	1 1	C. NAME of CEMETERY of	CREMAT	VEDCITY	CATION City,	own, or co	O O F
		,	3-6	-66		UIT	ACKZITA	MEDICAL	SCH	UOL
24/	DATE REC'D	BY HEALTH D	EPT.	24B. NAME	OF REGISTRAR	24C.	FUNERAL DIRECTOR	DV CEDVI	CE AD	DRESS H
		חבה א	130	9 Oralise	SE TOWN		MUKIUA	WI DEWAR	EL -	DOLLA
				1		a				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

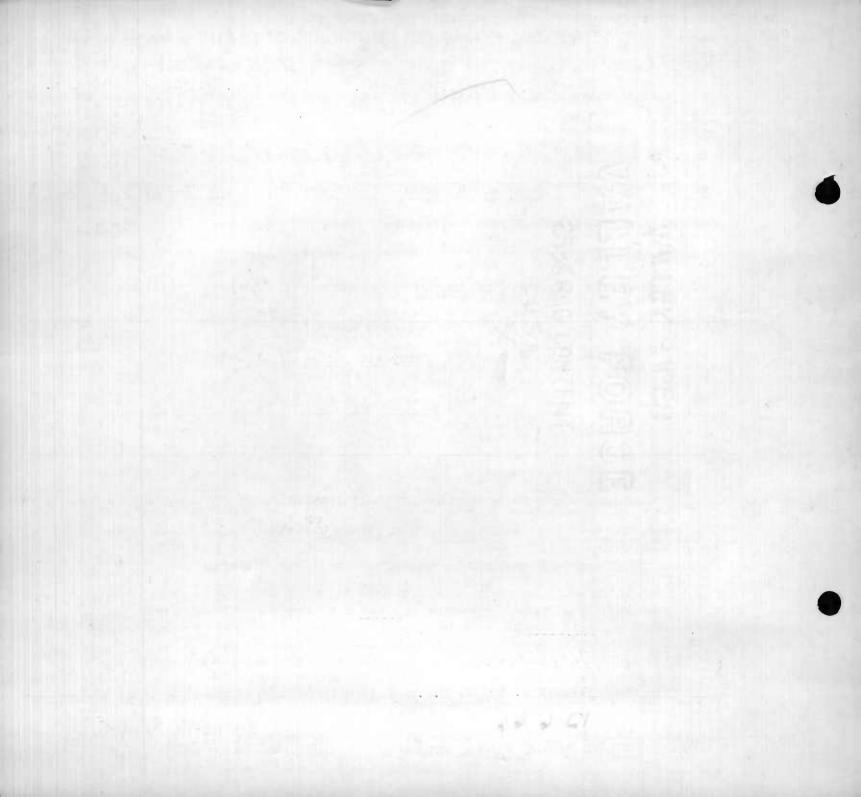
66-282166 12311	BALTIMORE CITY	HEALTH DEPARTMENT		00 10011
entit ito.	CERTIFICA	TE OF DEATH	Registered No	66 12311
M.E. CASE NO.  1. NAME OF DECEASED	1	2. DATE AND	HOUR OF DEATH	
(Type or Print) Baby Boy Bo	urch	11-2	2-66	11030 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If insti	itution: residence before admission)
FULL NAME OF (II not in hospital or institution,	. give street	Bolto /	Maryland	
HOSPITAL OR oddress or location)		C. CITY OF TOWN (If outsi	de city lim/ts, write RU	RAL and give township)
unuarette Alas	s n		V	mon
3 dimoersili in	3 0	D. STREET ADDRESS (If tu	iol, give location)	14 07
5. SEX   6. RACE   7. MARRIED	D, NEVER MARRIED	8. DATE OF BIRTH 19.	rayelle.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	ED, DIVORCED (specify)	, lo	AGE (In years st birthday)	If Under 1 Yi. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11-22-66	Country)	12. CITIZEN OF
done during most of working life, even if retired)		A ()	(	WHAT COUNTRY?
3. FATHER'S NAME		Maryland	*	454
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	,_	
Han Burch		Holloman	EVa	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
		Mother		
1B. 776 X 1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		on mand of		
(This does not meen the mode of dying, e.g.	(A) DUE TO	Milararely		
heart failure, asthenia, etc. 11 means the disease injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the obove couse (A) stoting the		inhininininin waanaa wa gayaa a a aa a	80000000000000000000000000000000000000	
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	N.C.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T				
	WHICH OPERATION	20 A. AUTOPSY? (Yes of Not)	208. IF YES, WERE FIR	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED			'IN CERTIFYING CAUS	SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(II in Boltimore (	City, give exact location)
DEATH (notify medical examiner)				
Q 21 D. TIME (Month) (Dov) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
≥ (ABPROY)	/hile At Not While /ork At Work			
22. I certify that (1) (this hospital) attended				10
that (I) (we) last saw the deceased alive on.			i=(=v) (avs) esial	on death accurred an the dote
			in(my) (dor) apini	on death accurred an the dote
and hour and from the causes stated above.	(I) (We) (did) (did nat) v	iew the body after death.	lo lo	3B, DATE SIGNED
1 1/1/	M.D. Atte	nding Med. S	toff hys.	11-22-66
arlien. Via	MUS Phys		hys.	11-22-66
23 C. PHYSICIAN'S NAME (Type)	r I	A TO SELVED OF	DD OD 15	D 777 1 1 1 1 5
CARLIE A. TRA	ncis M.D.	MATUMY BUA	RU UF MA	RYLAND
24A. BURIAL CREMATION, 24B. DATE 24C. N	NAME of CEMETERY OF CRE	MATORY 24D. LO.	CATION (City,	town, or county) (State)
15-1-66		MITTERSITE M	EDICAL S	CHUUL
25A. DATE REC'D BY HEALTH-DEPT 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	KY SERVI	CF _ APORES
DEC A 1900 ACKNOW	) C' annual	1) 11 6 2 6		
VS 150-REV. 1/1/65				



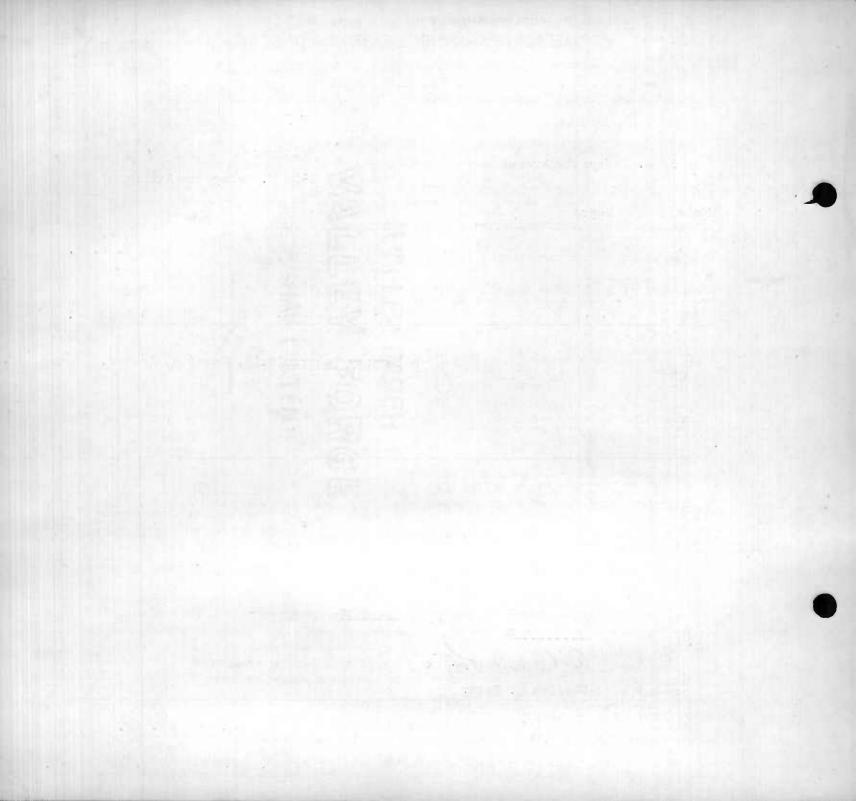
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12312

M.E. CASE NO.	MLD	ICAL LA	AMINER 3 CI	-KIIIICAI		ZATT Register			
Type or Print)	CEASED	Roy H	[undley		2. DATE AND	HOUR PRONOUNCE		10:05	a. M
PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	ENCE (Where d	deceased lived. If instit	ution: resid		
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA		JTION, GIVE STREET	C. CITY OR TOV	me 1	carparate limits, write	RURAL on	d give townsh	nip)
00 L	ouis Hotel			D. STREET ADDI	BALTIN				
male	6. RACE white		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	Н	9. AGE (In years last birthday)	If Under Manths	1 Yr. If Unde Days Haurs	r 24 Hrs. Min.
	UPATION (Give kind of war warking life, even if retired)	k TOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State ar foreign	country)	12. CITIZE WHA	N OF T COUNTRY?	
3. FATHER'S NAM	ΛE			14. MOTHER'S M.	AIDEN NAME				
	ED EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
DISEASES RISE TO TH	LEADING TO DEATH not mean the made al, asthenia, etc. It means, implication which caused  ANTECEDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.	dying e.g., s the disease, death.)	(A) Fatty (B)  (B)  DUE TO  (C)	alteration	n of liv	ver			
DISEASE O		LATED TO T		20A. AUTOPSY		OB. IF YES, WERE FIN			
21A. EXTERNA UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B,	PLACE OF INJURY (e.g., i , farm, factory, street, a		HERE DID (I	yes f in Baltimare City, giv			
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea	ir) (Haur) 2	TE. INJURY OCCURRED  WHILE AT NOT NORK AT W	WHILE	DENI DID WC	RY OCCUR?			
22. 1 cer	tify that I held on				that on this	s bosis, deoth In m	y apinlon		
resu	Ited fram: Natural ca	uses X	Accident Suicide			ndetermined manne	r 🗌		
ACTUA SIGNAT	URE //	ue, h	- 3~ (M.D.	ASSISTANT M		AMINER 🔛	11	DATE SIG	NED
NAME (	- \	r U. Sp	itz, M.D.	ASSOCIATE M	IV BO	ANNER M	ADVI	/22/66	
23A, BURIAL CRE REMOVAL (Specif	MATION, 238 DATE		C. NAME of CEMETERY o	INIVED	CITY A	MEDICAL (	SCHO	ON TO	(State)
24A. DATE REC'D	DEC 9 1961	24B. NAME	OF REGISTRAR	24C. FUNER	A PORIGINA	RY SERVI	E -	DDRESS.	



M.E. CASE NO.		· ·	2. DATE A	ND HOUR PRONOUNCE	ED DEAD	
(Type or Print)	LEONARD	BROWN	Dece	ember 7, 1966	5:25	Р м.
3. PLACE IN BALTIMORI	E, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	B. COU	itution: residence before od INTY	nission)
FULL NAME OF (III	NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland		RURAL ond give townshi	p)
INSTITUTION			Baltimor	re 16	5-04	
1939 W. La	fayette Av	venue	D. STREET ADDRESS (If rure			
00				Lafayette Av		
5. SEX 6. RA	Negro	7. MARRIED, NEVER MARRIED WIDOWID, DIVORCED (specify) Married	Nov 27, 1912	9. AGE (In years lost bighdoy)	If Under 1 Yr, If Under Months Doys Hours	
done during most of working		108. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	
Presser		Coat Co.	Baltimore Md		U. S. A.	
	Dana					
15. WAS DECEASED EVE	r Brown	FORCES? 16. SO CIAL	Ada Tablot		ADDRESS	
(Yes, no ar unknawn) (If yes	s, give wor or date: W.W.11	s of service) SECURITY NO.	Mrs Ruth A. B	rown 3920 Wo	odridge Rd.	
/18.	1 .	CAL	JSE OF DEATH		INTERVAL BET	
DISEASE OR	CONDITION DIE	RECTLY			ONSET AND	PEATH
LEAD	DING TO DEATH					
(This dans and		(A) Pult	nonary Tuberculos	is, Massive,	Active.	
heort tollure, osthe	eon the mode of nio, etc. It meons ion which coused o	dying, e.g., DUE TO	nonary Tuberculos	is, Massive,	Active.	
injury or complicat	eon the mode of nio, etc. It meons ion which coused o	dying e.g., DUE TO the discose, deoth.)	nonary Tuberculos	is, Massive,	Active.	
ANTEC	eon the mode of nio, etc. It meons ion which coused of EDENT CAUSES ONDITIONS, IF A	dying e.g., DUE TO the disease, deoth.)  NY, GIVING DUE TO	nonary Tuberculos	is, Massive,	Active.	
neon tollure, ostner injury or compliced  ANTEC  DISEASES OR CO  RISE TO THE ABO  UNDERLYING CO	eon the mode of nio, etc. It meons ion which coused of EDENT CAUSES ONDITIONS, IF A OVE CAUSE (A) ST	dying e.g., DUE TO the disease, deoth.)  NY, GIVING DUE TO	nonary Tuberculos	is, Massive,	Active.	
ANTEC DISEASES OR CO RISE TO THE ABO UNDERLYING CO	eon the mode of nio, etc. It meons to move the course of the course of the course of the course of the course (A) ST ONDITION LAST.	dying e.g., DUE TO the disease, deoth.)  NY, GIVING DUE TO	nonary Tuberculos	is, Massive,	Active.	
ANTEC DISEASES OR CO RISE TO THE ABO UNDERLYING CO	eon the mode of nio, etc. It meons ion which coused of the couse of the couse (a) ST ON DITION LAST.	dying e.g., the disease, death.)  NY, GIVING (B)  ATING THE (C)	nonary Tuberculos	is, Massive,	Active.	
ANTEC DISEASES OR CORRISE TO THE ABOUNDERLYING CO	eon the mode of nio, etc. It meons to the mode of the mone of the mode of the	dying e.g., the disease, deoth.)  NY, GIVING DUE TO TO TO TO TO TO TO THE CONTRIBUTING ATED TO THE IT.				
ANTEC  DISEASES OR CORRISE TO THE ABOUNDERLYING CO	eon the mode of nio, etc. It meons to the mode of the mone of the mode of the	dying e.g., the disease, deoth.)  NY, GIVING DUE TO  NY, GIVING ATING THE  (C)	20A, AUTOPSY? (Yes or N		NDINGS CONSIDERED SES OF DEATH?	
ANTEC DISEASES OR COL UNDERLYING CO OTHER SIGNIFICAT TO THE DEAT DISEASE OR CON 19A. DATE OF OPER	EDENT CAUSES ONDITIONS, IF A NYE CAUSE (A) ST ONDITION LAST.  II  NOT CONDITIONS H BUT NOT REL HOLLON CAUSING ATION 198, CON WAS PERF	dying e.g., the disease, deoth.)  NY, GIVING DUE TO  NY, GIVING ATING THE  (C)	20A. AUTOPSY? (Yes or N Yes	o) 208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?	3
ANTEC DISEASES OR COR  OTHER SIGNIFICA TO THE DEAT DISEASE OR CON  19A. DATE OF OPER  21A. EXTERNAL CAU UNDERLYING OR COUNDERLYING OR CO	EDENT CAUSES ONDITIONS, IF A NYE CAUSE (A) ST ONDITION LAST.  II ANT CONDITIONS H BUT NOT REL IDITION CAUSING ATION 19B. CON WAS PERF	dying e.g., the disease, deoth.)  NY, GIVING DUE TO  ATING THE  (C)	20A. AUTOPSY? (Yes or N Yes. g., in or obout 21C. WHERE DID t, office bidg., INJURY OCCUR?	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	3
ANTEC  DISEASES OR CORISE TO THE ABOUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING CAUSE OF COUNDERLYING CAUSE OF COUNDERLYING CAUSE OF COUNDERLYING CAUSE OF COUNDERLYING	Son the mode of nio, etc. It means ion which coused of the mode of	dying e.g., the disease, deoth.)  NY, GIVING DUE TO  ATING THE  CONTRIBUTING ATED TO THE  IT.  DITION FOR WHICH OPERATION FORMED    21B. PLACE OF INJURY (e. home, form, foctory, streetc.)    (Hour)   21E. INJURY OCCURRI	20A. AUTOPSY? (Yes or N YES .g., in or obout 21C. WHERE DID t, office bldg., NJURY OCCUR?	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
ANTEC DISEASES OR CORRISE TO THE ABOUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING CAUSE OF COUNDERLY CA	EDENT CAUSES ONDITIONS, IF A NYE CAUSE (A) ST ONDITION LAST.  II ANT CONDITIONS H BUT NOT REL IDITION CAUSING ATION 19B. CON WAS PERF	dying e.g., the disease, deoth.)  NY, GIVING DUE TO  NY, GIVING CONTRIBUTING ATED TO THE  IT.  21B. PLACE OF INJURY (e. home, form, foctory, stree etc.)  O (Hour) 21E. INJURY OCCURRI	20A. AUTOPSY? (Yes or N Yes. g., in or obout 21C. WHERE DID t, office bidg., INJURY OCCUR?	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	3
ANTEC  DISEASES OR COR  STORY  OTHER SIGNIFICATION  TO THE DEAT  DISEASE OR CON  19A. DATE OF OPER  21A. EXTERNAL CAU  UNDERLYING OR COUNDERLYING OR COUNDERLYING OR COUNDERLYING OR COUNDERLYING OF INJURY  OF INJURY (APPROX.)  22.	EDENT CAUSES ONDITIONS, IF A NYE CAUSE (A) ST ONDITION LAST.  II ANT CONDITIONS H BUT NOT REL IDITION CAUSING ATION 19B. CON WAS PERF	dying e.g., the disease, deoth,)  NY, GIVING DUE TO  ATING THE  CONTRIBUTING ATED TO THE  IT.  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e. home, form, foctory, stree etc)  (Hour) 21E. INJURY OCCURRI WHILE AT NY WORK	20A. AUTOPSY? (Yes or N Yesg., in or obout 21C. WHERE DID t, office bidg., INJURY OCCUR? ED 21F. HOW DID IN	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH? Yes	3
OF THE PROPERTY OF THE PROPERT	EDENT CAUSES ONDITIONS, IF A NYE CAUSE (A) ST ONDITION LAST.  II  INT CONDITIONS (A) H BUT NOT REL HOLTON CAUSING ATION 198. CON WAS PERF	dying e.g., the disease, deoth.)  NY, GIVING (B)	20A. AUTOPSY? (Yes or N Yes  .g., in or obout 21C. WHERE DID t, office bidg., INJURY OCCUR?  ED 21F, HOW DID IN OT WHILE	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore City, give)	NDINGS CONSIDERED SES OF DEATH? Yes ve exact locotion)	3
OF INJURY (APPROX.)  Partied to the control of the	eon the mode of nio, etc. It means to mich coused of the mone of the mone of the mode of t	dying e.g., the disease, deoth.)  NY, GIVING (B)	20A. AUTOPSY? (Yes or N YES  19., in or obout 21 C. WHERE DID 11, office bldg., INJURY OCCUR?  ED 21F. HOW DID IN 21F. HOW DID IN 21F. WORK  Autapsy X and that an tooled Hamicide CHIEF MEDICAL E	o) 208. IF YES, WERE FINING CAUS (If in Boltimore City, given the second	NDINGS CONSIDERED SES OF DEATH? Yes ve exact location)	
OF THE PROPERTY OF THE PROPERT	eon the mode of nio, etc. It means to mich coused of the mone of the mone of the mode of t	dying e.g., the disease, deoth.)  NY, GIVING (B)	20A. AUTOPSY? (Yes or N YES  .g., in or obout 21C. WHERE DID I, office bldg., INJURY OCCUR?  ED 21F. HOW DID IN OT WHILE I WORK  Autapsy X and that an tailed Hamicide CHIEF MEDICAL E	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore City, given this basis, death In manual content of the content of	NDINGS CONSIDERED SES OF DEATH? Yes ve exact location)  my apinian er  DATE SIG	
ANTEC DISEASES OR COR ISE TO THE ABOUNDERLYING CO OTHER SIGNIFICATION TO THE DEAT DISEASE OR CON 19A. DATE OF OPER OTHER SIGNIFICATION TO THE DEAT OTHER OF OPER OF INJURY (APPROX.)  1 certify the resulted fr  ACTUAL SIGNATURE EXAMINER'S	eon, the mode of nio, etc. It means ion which coused of the money of the money of the mode	dying e.g., the disease, deoth.)  NY, GIVING (B)	20A. AUTOPSY? (Yes or N YES  19., in or obout 21 C. WHERE DID 11, office bldg., INJURY OCCUR?  ED 21F. HOW DID IN 21F. HOW DID IN 21F. WORK  Autapsy X and that an tooled Hamicide CHIEF MEDICAL E	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore City, given this basis, death In manual content of the content of	NDINGS CONSIDERED SES OF DEATH? Yes ve exact location)	
DISEASES OR CORRISE TO THE ABOUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING CAUSE OF CONTINUE CAUSE OF CAUSE OF CONTINUE CAUSE OF CAUSE OF CAUSE OF CONTINUE CAUSE OF CAUSE	eon, the mode of nio, etc. It means ion which coused countries to the countries of the coun	dying e.g., the disease, deoth.)  NY, GIVING (B)	20A. AUTOPSY? (Yes or N Yes 1.9., in or obout 21C. WHERE DID 1., office bldg., INJURY OCCUR? ED 21F. HOW DID IN DT WHILE and that an the CHIEF MEDICAL E ASSOCIATE MEDICAL	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore City, given this basis, death In management of the company of this basis, death In management of the company of this basis, death In management of the company of this basis, death In management of the company of the	NDINGS CONSIDERED SES OF DEATH? Yes ve exoct locotion)  my apinion er  DATE SIG 12/8/66	
ANTEC DISEASES OR COR RISE TO THE ABOUNDERLYING CO OTHER SIGNIFICATION TO THE DEAT DISEASE OR CON 19A. DATE OF OPER 21A. EXTERNAL CAU UNDERLYING OR CO UTING CAUSE OF 21D TIME (More OF INJURY (APPROX.)  22.  I certify the resulted fr  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	eon, the mode of nio, etc. It means ion which coused countries to the countries of the coun	dying e.g., the disease, deoth.)  NY, GIVING DUE TO  CONTRIBUTING ATED TO THE  IT.  DITION FOR WHICH OPERATION  FORMED  21B. PLACE OF INJURY (e. home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRI  WHILE AT NO  NORMED  SS. Petty  23C. NAME of CEMETER	20A. AUTOPSY? (Yes or N Yes .g., in or obout 21 C. WHERE DID t, office bldg., INJURY OCCUR?  ED 21F. HOW DID IN TWORK  Autopsy X and that an too CHIEF MEDICAL E ASSOCIATE MEDICAL E ASSOCIATE MEDICAL RY or CREMATORY 23D.	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore City, given this basis, death In management of the company of this basis, death In management of the company of this basis, death In management of the company of this basis, death In management of the company of the	NDINGS CONSIDERED SES OF DEATH? Yes ve exoct locotion)  my apinian er   DATE SIG 12/8/66  , town, or county) (S	NED



IMPORTAN

DIRECTOR:

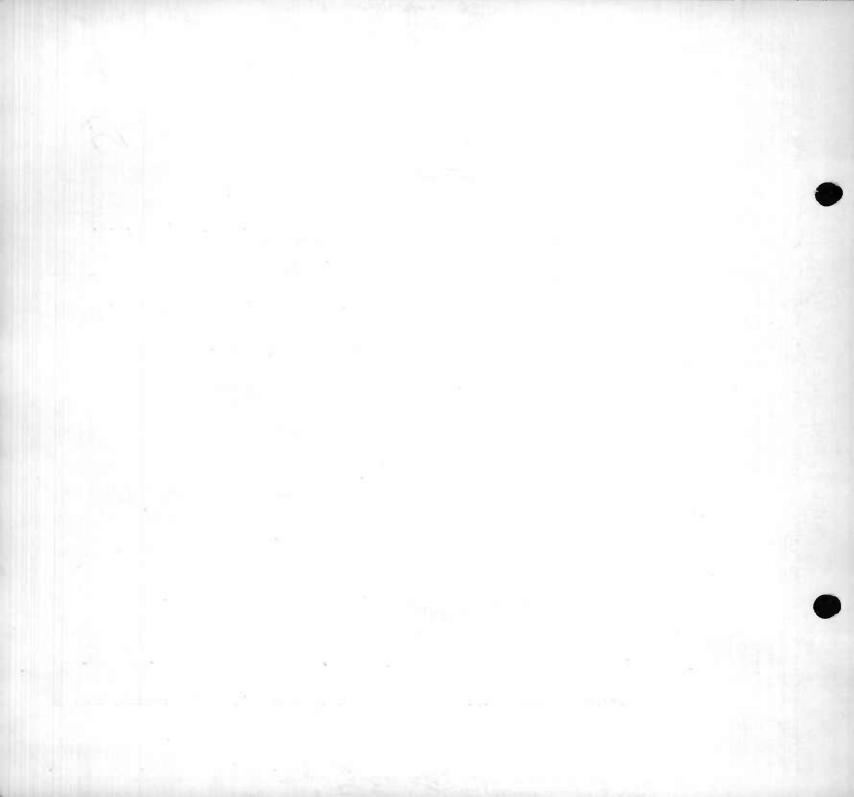
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1195

ype or Print)	Aaron Grandi	con		6-66	14:45 P
PLACE OF D	EATH IN BALTIMORE MAI				stitution: residence before odmis
FULL NAME	OF (If not in hospital a	or institution, give street	A. STATE B, CO Maryland		
HOSPITAL O			C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give waship)
4-6	2		Baltimore		15-41
1.2	TT		D. STREET ADDRESS		
utheran	Hospital of	Maryland	3308 Elgin	Avenue	
Male Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	8. DATE OF BIRTH 9-28-11897	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	of working life, even if retired)	Sheppard Pratt-Ho		co. Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S N.		onoppara riago	14. MOTHER'S MAIDEN N	_	
	rson Grandiso		Sarah Mood	У	
es, no or unkno	ed Ever in U. S. Armed Fore	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	212-32-1250	Mrs. Ida John	son-3308 Elg:	in Ave.
18.44	19 XI		E OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY			ONSET AND DEATH
	LEADING TO DEATH	(A) A	rteriosclerotic Vascular diseas	Cardio-	
	nat meon the made of	dying, e.g., DUE TO	Vascular diseas	9	
	e, asthenia, etc. It means amplication which coused	deoth.)			
	ANTECEDENT CAUSES	(B) AT	teriosclerotic	Mephritis	
DISEASES	OR CONDITIONS, if	DUE TO			
	The abave cause (A)				
UNDERLYI	NG CONDITION lost,	-			
	11				
TO THE	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TITO THE TITOON DA	duodenal ulcer		
TO THE DISEASE D	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198, CON	T. Ulcer Rt	duodenal ulcer foot	No) 208. IF YES, WERE	FINDINGS CONSIDERED
TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PERF	T. Ulcer Rt	foot	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
TO THE DISEASE DE 19A. DATE DE 19A. DATE DE 19A. DATE DE 19A. ACCIE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PERF	DITION FOR WHICH OPERATION CORMED LCCT right leg    218 PLACE OF INJURY	20A. AUTOPSY? WAS or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  © City, give exact locotion)
TO THE DISEASE DE 19A. DATE DE 19A. ACCIE OR CONTRE DEATH (not	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PERF	DITION FOR WHICH OPERATION CORMED LCCT right leg    218 PLACE OF INJURY	20A. AUTOPSY? YEX or	IN CERTIFYING CA	USES OF DEATH?
TO THE DISEASE	NIFICANT CONDITIONS C DEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERF U DENT WAS UNDERLYING	DITION FOR WHICH OPERATION CORMED ICCO right leg    218 PLACE OF INJURY   home, form, foctory, stree etc.)	20A. AUTOPSY? Was or  g., in or obout 21 C. WHERE DID  t, office bldg., INJURY OCCUR?	IN CERTIFYING CA	USES OF DEATH?
TO THE DISEASE	NIFICANT CONDITIONS C DEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERF U DENT WAS UNDERLYING BUTING CAUSE OF	DITION FOR WHICH OPERATION FORMED ICET right leg    218 PLACE OF INJURY Is home, form, foctory, stree etc.)    Hour 21E INJURY OCCURRED   While AI   Not	20A. AUTOPSY? WAS or	IN CERTIFYING CA	USES OF DEATH?
TO THE DISEASE DI 19A. DATE 19A. DAT	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON MAS PERF OPENT WAS UNDERLYING BUTING CAUSE OF ity medical examiner)  (Month) IDoy) IYeor)	DITION FOR WHICH OPERATION FORMED ICET right leg    218 PLACE OF INJURY Is home, form, foctory, streetc.)    Hour 21E INJURY OCCURRED While At Not Work	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	USES OF DEATH?
TO THE DISEASE DI 19A. DATE 19A. DAT	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON MAS PERF OPENT WAS UNDERLYING BUTING CAUSE OF ity medical examiner)  (Month) IDoy) IYeor)	DITION FOR WHICH OPERATION FORMED ICET right leg    218 PLACE OF INJURY In the letter of the letter	20A. AUTOPSY? West or  go, in or obout 21C. WHERE DID t, office bldg., INJURY OCCUR?  While  Vork  Dec. 5	IN CERTIFYING CA	USES OF DEATH?
TO THE DISEASE DE 19A. DATE OF CONTRIBUTE OF INJURY LAPPRDX.)	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON MAS PERF OPENT WAS UNDERLYING BUTING CAUSE OF ity medical examiner)  (Month) IDoy) IYeor)	DITION FOR WHICH OPERATION CORMED LCCT right leg  218 PLACE OF INJURY IS home, form, foctory, stree etc.)  1Hour) 21E INJURY OCCURRED While A! Not Work  Not Work  1 attended the deceased from	g., in or obout 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID INVOKE  While Dec. 5	IN CERTIFYING CA  III in Boltimon  NJURY OCCUR?	USES OF DEATH?  City, give exact location)
TO THE DISEASE DIPA. DATE 19A. DATE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' OF OPERATION 198. CON MAS PERF OPENT WAS UNDERLYING BUTING CAUSE OF ity medical examiner)  (Month) IDay) IYear)  fy that (1) (this hospital e) last saw the decease	DITION FOR WHICH OPERATION FORMED ICET right leg    218 PLACE OF INJURY Is home, form, foctory, streetc.)    Hour 21E INJURY OCCURRED While A! Not Work At we had alive on Dec 6	20A. AUTOPSY? (Yes or	NJURY OCCUR?  19 66 to Dec. that in (my) (our) opi	USES OF DEATH?  City, give exact location)
TO THE DISEASE DIPA. DATE  19A. D	NIFICANT CONDITIONS CONTROL OF CO	DITION FOR WHICH OPERATION CORMED LCCT right leg  218 PLACE OF INJURY IS home, form, foctory, stree etc.)  1Hour) 21E INJURY OCCURRED While A! Not Work  Not Work  1 attended the deceased from	20A. AUTOPSY? (Yes or	NJURY OCCUR?  19 66 to Dec. that in (my) (our) opi	USES OF DEATH?  City, give exact location)
TO THE DISEASE DIPA. DATE 19A. DATE	NIFICANT CONDITIONS CONTROL OF CO	DITION FOR WHICH OPERATION FORMED ICET right leg    218 PLACE OF INJURY Is home, form, foctory, streetc.)    Hour 21E INJURY OCCURRED While A! Not Work At we had alive on Dec 6	20A. AUTOPSY? WAS or  .g., in or obout 21 C. WHERE DID  It, office bldg., INJURY OCCUR?  21F. HOW DID I  While  Dec . 5  19 66  and  Attending Med Med.	NJURY OCCUR?  19 66 to Dec. that in (my) (our) opi	USES OF DEATH?  City, give exact location)  6 19
TO THE DISEASE DISEASE DI 19A. DATE	NIFICANT CONDITIONS C DEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 19B. CON WAS PERF BUTING CAUSE OF ify medicol exominer  (Month) IDoy) IYeor)  fy that (1) (this hospital e) last saw the decease and from the causes state URE	DITION FOR WHICH OPERATION FORMED ICET right leg    218 PLACE OF INJURY Indicatory, stree of the colory, stree of the colory of the colors of	20A. AUTOPSY? Was or  .g., in or obout 21 C. WHERE DID  It, office bldg., INJURY OCCUR?  21F. HOW DID I  While  21F. HOW DID I  Dec . 5  19 66 and  Attending Med.  Phys Med.  Director M	NJURY OCCUR?  19 66 to Dec. that in (my) (our) opi	USES OF DEATH?  City, give exact location)  6 19
TO THE DISEASE DU 19A. DATE 19A. DAT	NIFICANT CONDITIONS CODEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON MAS PERF WAS UNDERLYING BUTING CAUSE OF ify medical examiner  (Month) (Doy) (Year)  fy that (1) (this hospital e) last saw the decease and from the causes staticular  (IAN'S (Type)	DITION FOR WHICH OPERATION CORMED LCCT right leg  21B. PLACE OF INJURY Indicatory, street,  IHour) 21E. INJURY OCCURRED While AI Not Not Work  Not Work  O attended the deceased from and alive on Dec 6  Red above. (I) (We) (did) (did not like the street)  Not Well  M.D.	20A. AUTOPSY? WAS or  .g., in or obout 21 C. WHERE DID  It, office bldg., INJURY OCCUR?  21F. HOW DID I  While  Dec . 5  19 66  and  Attending Med Med.	NJURY OCCUR?  19 66 to Dec. that in (my) (our) opi	USES OF DEATH?  City, give exact location)  6 19
TO THE DISEASE	NIFICANT CONDITIONS C DEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON MAS PERS OPENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner)  (Month) IDay) IYear)  fy that (1) (this hospital e) last saw the decease and from the causes statilyre	DITION FOR WHICH OPERATION CORMED LCCT right leg  21B. PLACE OF INJURY Indicatory, street,  IHour) 21E. INJURY OCCURRED While AI Not Not Work  Not Work  O attended the deceased from and alive on Dec 6  Red above. (I) (We) (did) (did not like the street)  Not Well  M.D.	20A. AUTOPSY? Week or  20A. AUTOPSY? Week or  20A. AUTOPSY? Week or  21F. HOW DID I  While  Dec. 5  19 66  and  Attending Phys.  23D. ADDRESS	NJURY OCCUR?  19 66 to Dec. that in (my) (our) opi	USES OF DEATH?  6 City, give exact location)  6 19  nion death occurred on the  12/6/66
TO THE DISEASE DISEASE DISEASE DI 19A. DATE OF 19A. DATE	NIFICANT CONDITIONS C DEATH BUT NOT RELA REAL NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERF (Month) IDoy) IYeor)  Fy that (1) (this hospital e) last saw the decease and from the causes state INTER (Type)  Irving Free REMATION, 1248. DATE	DITION FOR WHICH OPERATION CORMED LCCT right leg  21B. PLACE OF INJURY Indicatory, street,  IHour) 21E. INJURY OCCURRED While AI Not Not Work  Not Work  O attended the deceased from and alive on Dec 6  Red above. (I) (We) (did) (did not like the street)  Not Well  M.D.	20A. AUTOPSY? Week or  20A. AUTOPSY? Week or  20A. AUTOPSY? Week or  21F. HOW DID I  While  21F. HOW DID I  While  Dec . 5  19 66  and  and  Attending Med. Director Med.  23D. ADDRESS  A.D. Lutheran Ho	NJURY OCCUR?  19 66 to Dec. that in (my) (our) opi	OSES OF DEATH?  City, give exact location)  6  19  nion death occurred on the  23B. DATE SIGNED  12/6/66
TO THE DISEASE DISEASE DISEASE DISEASE DI 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. DEATH (not 21 D. TIME OF INJURY (APPRDX.)  22. I certithot (I) (wond hour can be ca	NIFICANT CONDITIONS C DEATH BUT NOT RELA REAL NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERF WAS UNDERLYING BUTING CAUSE OF ify medicol exominer)  (Month) IDoy) IYeor)  fy that (1) (this hospital e) last saw the decease and from the causes state URE ITVING Free REMATION, 248. DATE ISpecify)	DITION FOR WHICH OPERATION CORMED LCCT right leg    21B. PLACE OF INJURY Indicatory, strees   21B. PLACE OF INJURY INJURY Indicatory, strees   21B. PLACE OF INJURY	20A. AUTOPSY? WAS or  20A. AUTOPSY? WAS or  20A. AUTOPSY? WAS or  21F. HOW DID I  While   21F. HOW DID I  While   21F. HOW DID I  While   Attending   Attending	NJURY OCCUR?  19 66 to Dec. that in (my) (our) opi	o City, give exect locotion)  City, give exect locotion)  City, give exect locotion)  19  13B. DATE SIGNED 12/6/66  23B. DATE SIGNED 12/6/66

Herbert E. Nutter -3035 W. North Ave.



IMPORTANT

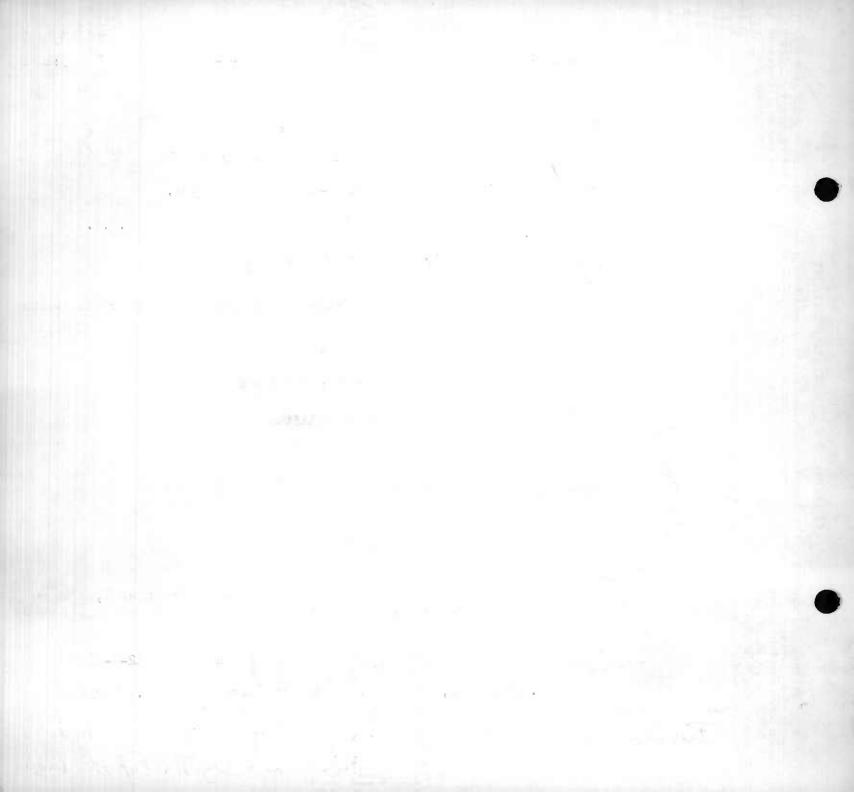
DIRECTOR:

FUNERAL

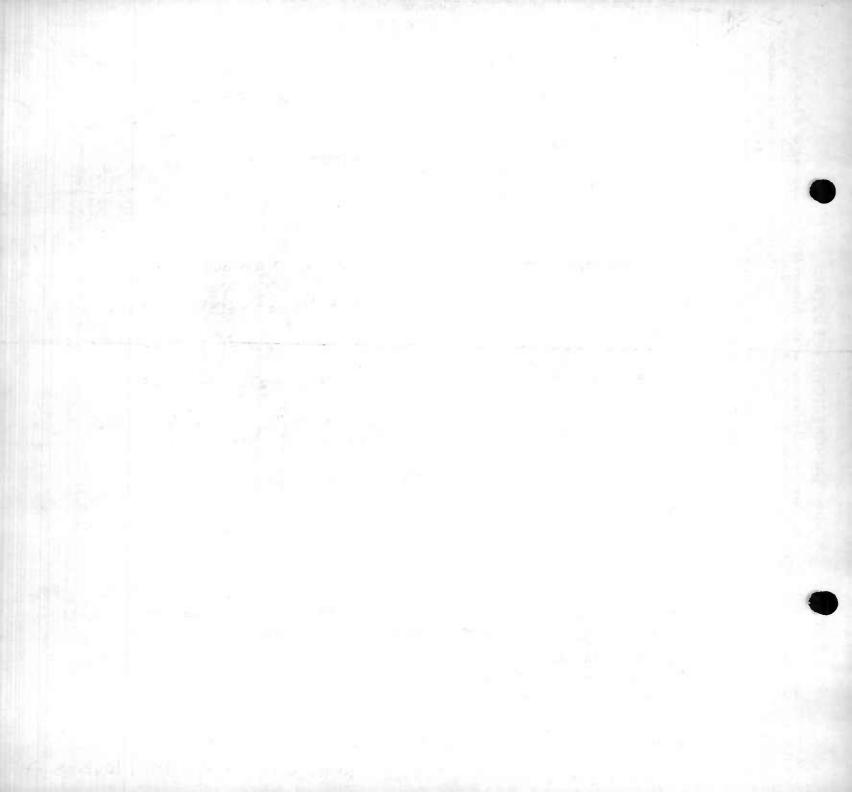
by

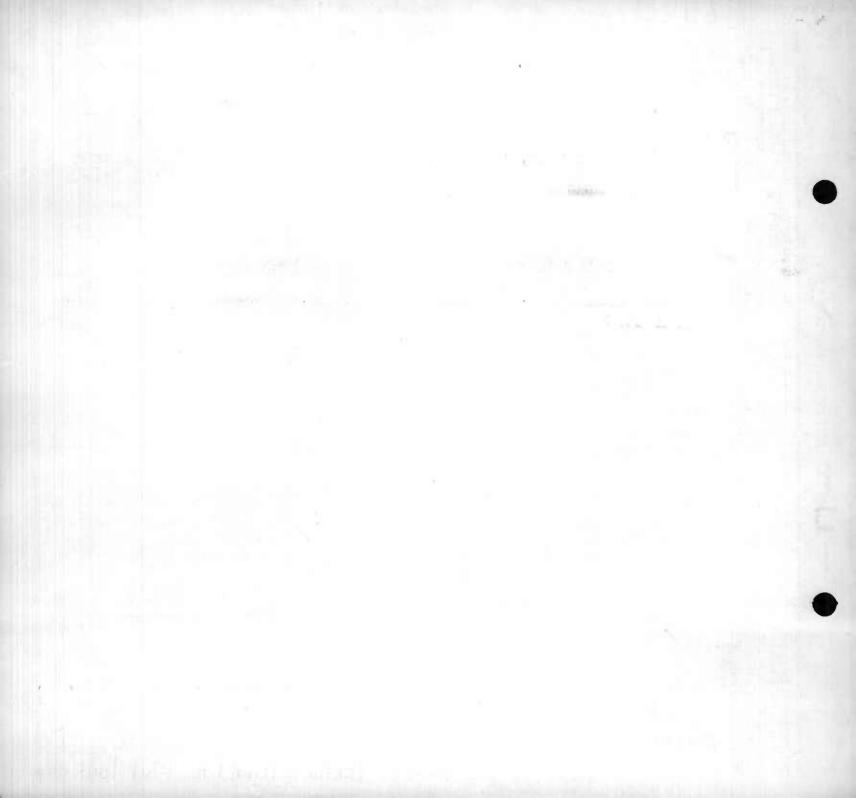
VS 150-REV. 1/1/65

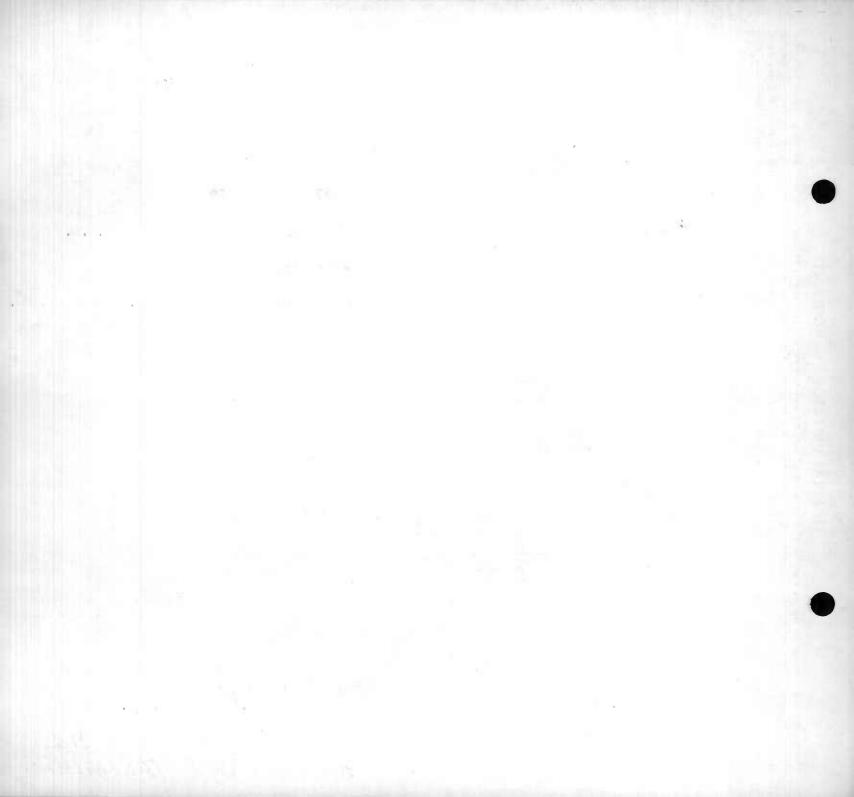
BALTIMORE CITY HEALTH DEPARTMENT



J. 50000	000	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 10015
4.0	TH NO. 66 12317	CERTIFICA	TE OF DEATH	Registered Na.	66 12317
۱.۱	E CASE NO. NAME OF DECEASED Pe or Print) MARY BUCHAN	UAN		D HOUR OF DEATH	105
3.	PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before odn
	FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	stitution, give street	MARYLAND C. CITY OR TOWN (If out	BALTIMOR	
1	INSTITUTION		WHITE HALL	side city limits, write	RURAL ond give township)
5	WAT HOSPITAL OF BACTI	MIRE INC.		rural, give location)	0000
9	ioni nogrini oj siro		Arderson 1	Gad	
5.	SEX 6. RACE 7. 1	WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
	N. USUAL OCCUPATION (Give kind of work 10 B. in during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ΛE	00.7
	Sudney		Susia Ra	ma 50 :0	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	mson	ADDRESS
Ye	s, no or unknown) (If yes, give war or dotes of	service) SECURITY NO.	U P. J. G	2. 1	FALL Y L
	No.	CAUSE O	Mr. Richard F	uchanan	Vintenal
	70001				ONSET AND DE
	DISEASE OR CONDITION DIRECT	CAPI	IAC APRHYTHA	ÚA.	MINUTES
	(This daes not mean the made of dyi	ng, e.g., DUE TO	7		111100163
	heart failure, asthenia, etc. It means the injury or complication which caused dea	disease,	NGESTIVE HE	20- 60	ze 3 weeks
	ANTECEDENT CAUSES	\ D/	NGESTIVE TE	4/25 /4/201	ce I weeks
	DISEASES OR CONDITIONS, if ony,	DUE TO		Can.	-x
	rise to the above cause (A) sta	ling the (C) HPT	ERIOSCLEROTTE UASCULAR D	CARD10 -	YEARS
	ONDERCTING CONDITION last.		VASCULAR D	ISEASE	/
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING GOUTY A	leph RITIS		
CERTIFICA	19A. DATE OF OPERATION WAS PERFORA	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)
CAL	DEATH (notily medical examiner)	home, form, foctory, street, of etc.)	nce bidg., INJURY OCCUR?		
			21F. HOW DID INJ	URY OCCUR?	
MEDI	OF INJURY (APPROX)	While At Not While			
		Work At Work		- //-	11.16
	22. I certify that (1) (this hospital) at	- /-		9 66 ta	12/8
	that (we) last saw the deceased a	/-		at in (my) (max) api	nian death accurred an
	and have and from the causes stated	abave. (I) (Wa) (did) (did not) v	iew the bady after death.		
	g. Brett fazar	44.5	AALD 1	S1-11 11-12	23B, DATE SIGNED
		M.D. Atte	mding Med. Director	Stoff Phys.	12/8/66
	23C. PHYSICIAN'S NAME (Type) J. BRETT LAZAR		23D. ADDRESS	1 8.01:	0
	J. BRETT LAZAR	M.D.	JINAI HOSP.	of watter	your, duc.
24/	<u> </u>	24CONAME OF CEMETERY OF CRE	MATORY 24D. L	CATION (C	ity, town, or county)
	Bung 12-12-1	1 Hose Cravo	Compten Will	thall	M
25/	A. DATE REC'D BY HEALTH DEPT. 258	NAME OF REGISERAR	25C. FUNERAL DIRECTOR	1) -1)411	ADDRESS
	DEC 9 1966 (7)	Dr. B E Jankey MA	Micting Da	HEH !	1701 Laurens
=	150-REV, 1/1/65	4,704,7	The fort o sale	11111	101 March







1. NAME OF DECI	FASED			2. DATE AND HOUR PRONC	DUNCED DEAD	
(Type or Print)	LOTTIE	WHI		December 7,		5:40 P
3. PLACE IN BALTI	MORE, MARYLAND, WHERE P		4. USUAL RESIDE	NCE (Where deceased lived.		IVI.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOW	N (If outside corporate limits  1timore	s, with RURAL and	give township)
3 South	Baltimore Genera	l Hospital	D. STREET ADDR	23 N. Bethel St	treet	
Female		RRIED, NEVER MARRIED WED, DIVORCED(specify)	B. DATE OF BIRTH	10st birthdoy	yeors If Under 1 Months, Do	Yr. If Under 24 Hrs. ys Hours Min.
done during most of w	PATION (Give kind of work 108, KI orking life, even if refired)	ND OF BUSINESS OR INDUST	Hanor	tote of foreign country)	12. CITIZEN WHAT	OF COUNTRY?
3. FATHER'S NAMI	rel Bur	ley ES? A6, SOCIAL	17. INFORMANT	e By	ley	
Yes, no or unknown)	O EVER IN U.S. ARMED FORCE	rvice) U.S. SOCIAL SECURITY NO.	Carrie	V. Strans	- ash	land, Va
18. E 18	Xı		SE OF DEATH			TERVAL BETWEEN NSET AND DEATH
	E OR CONDITION DIRECTLY LEADING TO DEATH of meon the mode of dying.	(A) Cra	niocerebral	Injury.		00 00 00 00 00 00 00 00 00 00 00 00 00
heort foilure,	osthenio, etc. It meons the dis plication which caused death.)	seose,			311	
Al	NTECEDENT · CAUSES					
DISEASES C	OR CONDITIONS, IF ANY GI	VING (B)				D
RISE TO THE	DR CONDITIONS, IF ANY, GI ABOVE CAUSE (A) STATING G CONDITION LAST.	VING DUE TO				
RISE TO THE UNDERLYIN	ABOVE CAUSE (A) STATING	VING (B) DUE TO				
RISE TO THE UNDERLYING	ABOVE CAUSE (A) STATING G CONDITION LAST.  II DEFICANT CONDITIONS CONTINE TO THE CONDITION CAUSING IT.	RIBUTING TO THE	-			
OTHER SIGN TO THE DISEASE OR 19A. DATE OF	ABOVE CAUSE (A) STATING G CONDITION LAST.  II IIFICANT CONDITIONS CONTI DEATH BUT NOT RELATED CONDITION CAUSING IT.  OPERATION IPS. CONDITION WAS PERFORME	RIBUTING TO THE	Yes		CAUSES OF DEAT	H? Yes
OTHER SIGN TO THE DISEASE OR TO THE DISEASE OR TO ATE OF DISEASE OR TO THE DISEASE O	ABOVE CAUSE (A) STATING G CONDITION LAST.  II IIIFICANT CONDITIONS CONTI DEATH BUT NOT RELATED CONDITION CAUSING IT.  OPERATION 19B. CONDITION WAS PERFORME CAUSE WAS OR CONTRIB-	RIBUTING TO THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.ghome, form, foctory, street, etc.] Found in Fiel	Yes  -, in or obout 21C. W office bldg., INJURY d Nort	HERE DID (If in Boltimore Coccur? Found - Wehn of Balto.Wash	City, give exoct locot est of Monr	Yes ion) coe St. &
RISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A, DATE OF UNDERLYING TO THE	ABOVE CAUSE (A) STATING G CONDITION LAST.  II IIIFICANT CONDITIONS CONTI DEATH BUT NOT RELATED CONDITION CAUSING IT.  OPERATION 19B. CONDITION WAS PERFORME CAUSE WAS OR CONTRIB-	RIBUTING TO THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, elcl while at the property of th	Yes p, in or obout 21C. W office bldg, injury d Nort	HERE DID (If in Boltimore Coccur? Found - We	causes of Death City, give exoct locot est of Monr h. Expressy	Yes ion) coe St. &
OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING WITH UNDERLYING WITH UNDERLYING WITH GENERAL COF INJURY (APPROX.)  22.   Certi	II IIIIIONS CONTINOS CONDITION LAST.  II IIIIIONS CONTINOS CONTINOS CONTINOS CONTINOS CONTINOS CAUSE WAS COR CONTRIB- E OF DEATH.  (Month) (Doy) (Yeor) (Ho 11 20 66 A	RIBUTING TO THE  218, PLACE OF INJURY (e.g. home, form, foctory, street, etc.] Found in Fiel while AT NO Inspection A	Yes  g. in or obout 21C. W office bldg., INJURY d Nort D 21F. HO TWHILE X Str	HERE DID (If in Boltimore Coccur? Found - We h of Balto. Wash with Injury occur? uck on head with that on this basis, deat	causes of Dearl City, give exoct locot est of Monr h. Expressy th brick.	Yes ion) coe St. &
RISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR  179A. DATE OF  21A. EXTERNAL UNDERLYING X UTING CAUS  21D TIME OF INJURY (APPROX.)  22.  I certi	ABOVE CAUSE (A) STATING G CONDITION LAST.  II DIFFICANT CONDITIONS CONTIDEATH BUT NOT RELATED CONDITION CAUSING IT.  OPERATION 19B. CONDITION WAS PERFORME  CAUSE WAS COR CONTRIB- TE OF DEATH.  (Month) (Doy) (Yeor) (Ho	RIBUTING TO THE  218, PLACE OF INJURY (e.g. home, form, foctory, street, etc.] Found in Fiel while AT NO Inspection A	Yes  g, in or obout 21C. W office bldg, NJURY d Nort  D 21F. HO TWORK X Str  Autopsy X and	HERE DID (If in Boltimore Coccur? Found - We hof Balto. Washword on head with that on this basis, deather will be a support of the will be a suppo	causes of Dearl	H? Yes
RISE TO THE UNDERLYING  OTHER SIGN TO THE DISEASE OR  179A. DATE OF  21A. EXTERNAL UNDERLYING X UTING CAUS  21D TIME OF INJURY (APPROX.)  22. I certification of the control of the contro	ABOVE CAUSE (A) STATING G CONDITION LAST.  II DEATH BUT NOT RELATED CONDITION CAUSING IT.  OPERATION 198 CONDITION WAS PERFORME  CAUSE WAS COR CONTRIB- IE OF DEATH.  (Month) (Doy) (Yeor) (Ho  11 20 66 A  Ify that I held an Inquiry ed from: Natural causes	RIBUTING TO THE  21B. PLACE OF INJURY (e.c. home, form, foctory, street, etc.)  Pound in Fiel  WHILE AT NO WORK  Inspection Accident Suice	Yes  John or obout 21C. We office bldg, INJURY  Mort  D 21F. HO  TWORK Str  Autopsy M and  ide Homicie  CHIEF ME	HERE DID (If in Boltimore Coccur? Found - We hof Balto.Washwood Injury occur? uck on head with that on this basis, deat be with the control of the wind that a control of the wind that	causes of Dearl	Yes ion) coe St. &
OTHER SIGN TO THE UNDERLYIN TO THE DISEASE OR 19A. DATE OF UNDERLYING WITH UNDERLYING WITH CAPPROX.)  21 A. EXTERNAL UNDERLYING WITH CAPPROX.)  22. I certification of Injury (APPROX.)  22. I certification of Injury (APPROX.)  22. I certification of Injury (APPROX.)  23. I certification of Injury (APPROX.)  24. I certification of Injury (APPROX.)	ABOVE CAUSE (A) STATING G CONDITION LAST.  II IIIFICANT CONDITIONS CONTIDEATH BUT NOT RELATED CONDITION CAUSING IT. OPERATION 198 CONDITION WAS PERFORME  CAUSE WAS FOR CONTRIB- IF OF DEATH.  (Month) (Doy) (Yeor) (Ho  11 20 66 A  If y that I held an Inquiry ed from: Natural causes  URE ER'S Type) Charles	RIBUTING TO THE  I FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, elcling)  Pround in Fiel  WHILE AT NO AT  Inspection A  Accident Suice  S. Petty	Yes  John or obout 21C. We office bidg, INJURY  Mort  D 21F. HO  TWORK Str  Autopsy X and  ide Homicia  CHIEF ME  ASSOCIATE MI	HERE DID (If in Boltimore Coccur? Found - We hof Balto.Washwood Dinjury occur? uck on head with that on this basis, deat be with the control of the work of the wo	causes of Dearl	H? Yes ion) roe St. & vay.  DATE SIGNED .2/8/66
RISE TO THE UNDERLYING TO THE DISEASE OR 19A. DATE OF 19A. DATE OF UNDERLYING TO UNDERLYING TO INJURY (APPROX.)  22. I certification of Cause of Cause of Injury (APPROX.)	ABOVE CAUSE (A) STATING G CONDITION LAST.  II IIIFICANT CONDITIONS CONTIDEATH BUT NOT RELATED CONDITION CAUSING IT.  OPERATION 198. CONDITION WAS PERFORME  CAUSE WAS OR CONTRIB- IE OF DEATH.  (Month) (Doy) (Yeor) (Ho  11 20 66 A  Ify that I held an Inquiry ed from: Natural causes  JRE ER'S Type) Charles  AATION, 238. DATE  12-12-6	RIBUTING TO THE  21B. PLACE OF INJURY (e.c., home, form, foctory, street, elcl and 21E. INJURY OCCURREI  WHILE AT NO WORK AT  Inspection Suic	Yes  John or obout 21C. We office bidg, INJURY  Mort  D 21F. HO  TWORK Str  Autopsy X and  ide Homicia  CHIEF ME  ASSOCIATE MI	HERE DID (If in Boltimore Coccur? Found - We hof Balto.Washwood Dinjury occur? uck on head with that on this basis, deat that on this basis, deat that EXAMINER DICAL EXAMI	causes of Dearl	H? Yes ion) roe St. & vay.  DATE SIGNED .2/8/66

BALTIMORE CITY HEALTH DEPARTMENT 66 12321 Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased fived, if institution; residence (If not in hospital or institution, give street Maryland Baltimore FULL NAME OF HOSPITAL OR oddress or tocation) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 21224 141 Fleming Drive is mad 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) tost birthday) Male 8-6-1906 60 Negro Married 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired). WHAT COUNTRY? Florida U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anderson Rebeca 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. NO RECORDS:BCH 4940 Eastern Avenue 21224 CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (sureto (This does not meon the made of dying, e.g., pa heart failure, asthenia, etc. It means the disease, injury ar complication which coused death,) em ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving to the obave cause (A) stoting the remains UNDERLYING CONDITION last. П

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (Il in Boltimore City, give exact location) DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 10-26 22. I certify that (t) (this hospital) attended the deceased from 12-6 19 66 that (1) (ye) last saw the deceased olive an. and that in (my) (our) opinion death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 2-6-66 Phys. M.D. Attending Med. Phys. Director wiena 23C. PHYSICIAN 23D. ADDRESS

24C. NAME of CEMETERY OF CREMATORY

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D BY HEALTH DEPT

REMOVAL (Specify)

David Mishelovich

12-10-66

BURIAL

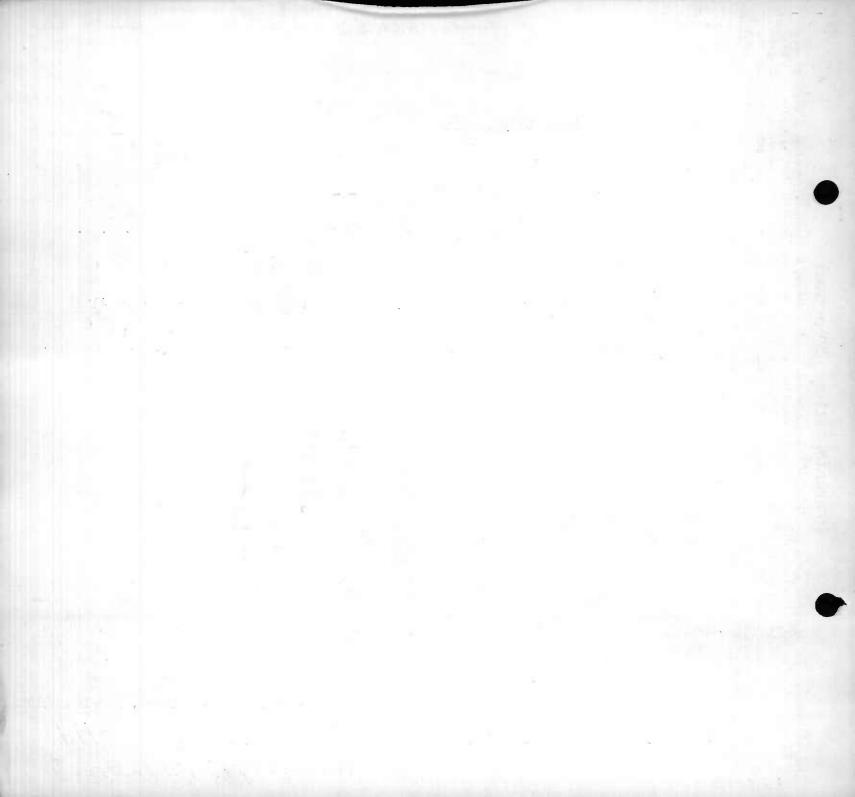
Was

25C. FUNERAL DIRECTO

(City, town, or county)

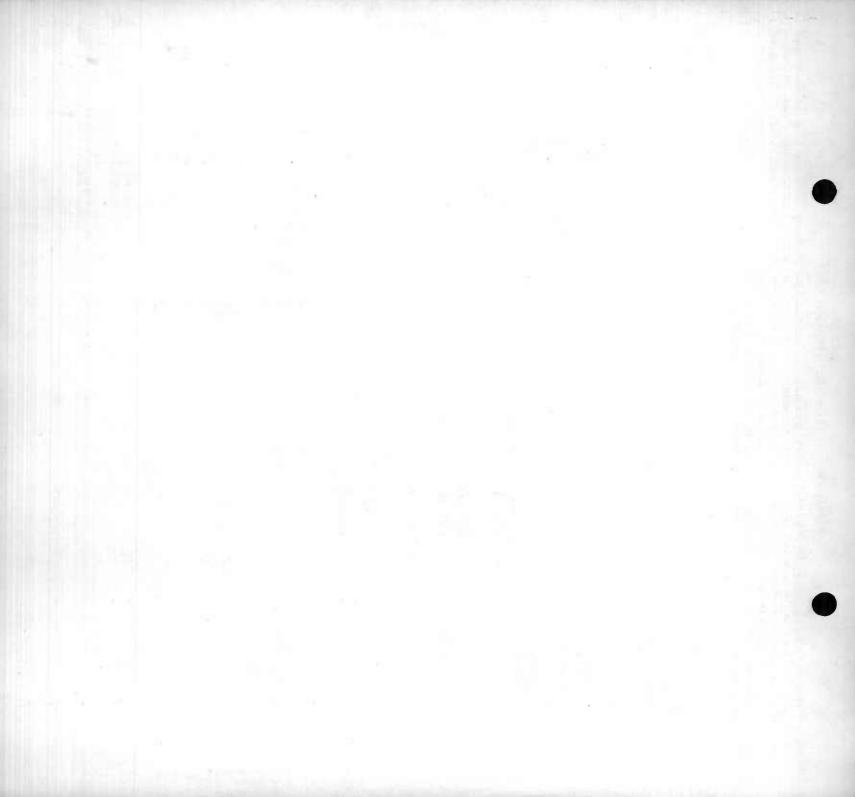
4940 Eastern Avenue Baltimore, Maryland 21224

24D. LOCATION



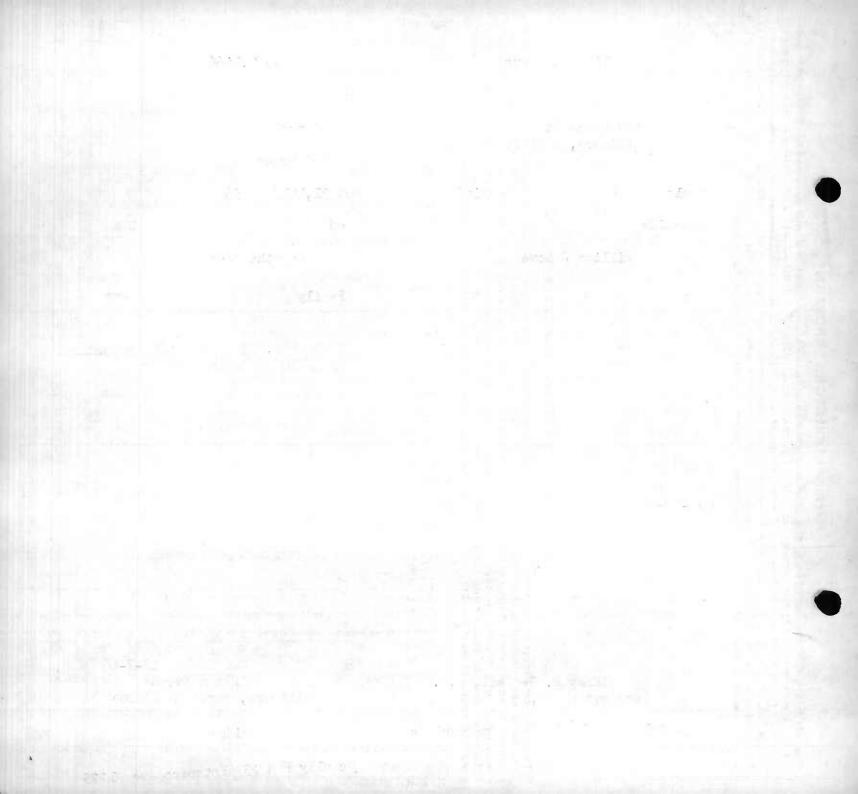
48-21-91

HRTH NO. 66 12322				00 100000
	CERTIFICA	TE OF DEATH	Registered No.	66 12322
A.E. CASE NO. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
Type or Print)	1 200 205	77	ECEMBER	19/11 2-55 8
PLACE OF DEATH IN BALTIMORE, MARY	LAMBROS	4. USUAL RESIDENCE (W		institution; residence before admission)
		A. STATE B. COL	YTNU	
FULL NAME OF (If not in hospital or HOSPITAL OR oddless of location)	institution, give street	Maryland		
INTERITURE	ity Hospitals	C. CITY OR TOWN (If	outside city limits, write	RURAL ond give township)
4940 Eastern	•	Baltimore	26-	10
			(If ruiol, give location)	- Maria
Baltimore,	Maryland #21224	3214 E. Ba	ltimore,Stre	et #21224
	MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
Female White	Married	June 9,1896	70	Totalis Doys Tions Tollin.
A. USUAL OCCUPATION (Give kind of work ]	OB. KIND OF BUSINESS OR INDUSTRY			12, CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
Housewife		Maryland		USA
B. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Unknown		Thelesson		
. Was Deceosed Ever in U. S. Armed Force	es? 1 6. SOCIAL	Unknown		ADDRESS
es, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.			
N6		RECORDS: BCH	Baltimor	e, Maryland #21224
18. 160 X 1	CAUSE O	FDEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY			ONSET AND DEATH
LEADING TO DEATH	(1)	1 ABETES		53 MRS-
(This does not meon the mode of d			PA+00 += 00 00 000000 0000000000000000000	
heart failure, astherio, etc. It means the injury or complication which coused d	he diseose, leoth.)			
ANTECEDENT CAUSES	(8)	ARTERIOSCUE	ROSIS	7
	DUE TO			
DISEASES OR CONDITIONS, if on				
TISE IN The above couse (A)				
rise to the obove couse (A) s UNDERLYING CONDITION lost.	stoting The (C)	***************************************		~~~~~
	stoling The (C)	***************************************	3 3 3 3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4	
UNDERLYING CONDITION IOSI.	NTRIBUTING			
UNDERLYING CONDITION Iosi.	INTRIBUTING ED TO THE			
UNDERLYING CONDITION Iosi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.	NTRIBUTING ED TO THE	20 A. AUTOPSY? (Yes or	Nol 20B. IF YES. WERE	FINDINGS CONSIDERED
UNDERLYING CONDITION Iosi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.	NTRIBUTING ED TO THE	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
UNDERLYING CONDITION Iosi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFO	INTRIBUTING ED TO THE ITION FOR WHICH OPERATION RMED	No	IN CERTIFYING CA	AUSES OF DEATH?
UNDERLYING CONDITION Iosi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PRMED  21B. PLACE OF INJURY (*.g., in home, form, foctory, street, of	No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact locotion)
UNDERLYING CONDITION Iosi.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATION CAUSING IT.  19A-DATE OF OPERATION 198. CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	INTRIBUTING ED TO THE ITION FOR WHICH OPERATION RMED	No	IN CERTIFYING CA	AUSES OF DEATH?
UNDERLYING CONDITION Iosi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PRMED  21B. PLACE OF INJURY (*.g., in home, form, foctory, street, of	No	(If in Boltimo	AUSES OF DEATH?
UNDERLYING CONDITION Iosi.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	DITRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (**.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While	nor obout 21C. WHERE DID indice bidg, INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
UNDERLYING CONDITION Iosi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION NAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor)  (APPROX.)	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PRMED  21B. PLACE OF INJURY (**.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work	nor obout 21C. WHERE DID in the bidgs, INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (1) (this haspital)	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While Work  Ottended the deceosed from	21F. HOW DID II	(If in Boltimo	re City, give exact location)
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (1) (this haspital)	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While Work  Ottended the deceosed from	21F. HOW DID II	(If in Boltimo	re City, give exact location)
UNDERLYING CONDITION losi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   198. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22. I certify that (1) (this haspital) that (1) (we) lost saw the deceased	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PRMED  21B. PLACE OF INJURY (*.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While Work  Ottended the deceased from 1  alive on 7	21F. HOW DID II	(If in Boltimo	re City, give exact location)
UNDERLYING CONDITION losi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeer) OF INJURY (APPROX.)  22. I certify that (1) (this haspital) that (1) (we) lost saw the deceased ond hour and from the causes states	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PRMED  21B. PLACE OF INJURY (*.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While Work  Ottended the deceased from 1  alive on 7	21F. HOW DID II	(If in Boltimo	The City, give exact location)  DECE MBE 2, 19 (about initian death occurred on the date
UNDERLYING CONDITION losi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   198, CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22. I certify that (1) (this haspital) that (1) (we) lost saw the deceased	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  Ottended the deceosed from 1  alive on 1  d obove. (1) (We) (did) (did not) v	21F. HOW DID II	(If in Boltimo	The City, give exact location)  DECE MBE 2 19 666  intan death occurred on the data
UNDERLYING CONDITION losi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDI WAS PERFO  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (1) (this haspital) that (1) (we) lost saw the deceased and hour and from the couses state  23A. SIGNATURE	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  Ottended the deceosed from 1  alive on 1  d obove. (1) (We) (did) (did not) v	21F. HOW DID II	(If in Boltimo	The City, give exact location)  DECE MBE 2 19 666  intan death occurred on the data
UNDERLYING CONDITION losi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) lost saw the deceased and hour and from the causes stated 23A. SIGNATURE	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PRMED  21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While Work  Ottended the deceosed from 1  alive on 7  J. C. C. M. D. Atte.  Phy	21F. HOW DID II	(If in Boltimo	DECE MBE 2 19 605 inian death occurred on the date
UNDERLYING CONDITION losi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198, CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeer) OF INJURY (APPROX.)  22. I certify that (1) (this haspital) that (1) (we) lost saw the deceased ond hour and from the couses stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PRMED  21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While Work  Ottended the deceosed from 1  alive on 7  J. C. C. M. D. Atte.  Phy	21F. HOW DID II  Die Didg, INJURY OCCUR?  21F. HOW DID II  Die Didg, INJURY OCCUR?  21F. HOW DID II  Med. Director	(If in Boltimo  NJURY OCCUR?  19 to	DECEMBER, 196
UNDERLYING CONDITION losi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeer)  OF INJURY (APPROX.)  22. I certify that (1) (this haspital) that (1) (we) lost saw the deceased ond hour and from the couses states 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Daniel D. Foote	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While At Work  ottended the deceosed from 1.  alive on 7 Decembra (2)  d obove. (1) (We) (did) (did not) v  Flootic M.D. Atte Phy	21F. HOW DID II  21F. HOW DID III  21F. H	(If in Boltimo  NJURY OCCUR?  19 to	DECEMBER, 1966.  1238. DATE SIGNED  7 DECEMBER, 1966.  timore, Md. #21224
UNDERLYING CONDITION losi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (1) (this haspital) that (1) (we) lost saw the deceased ond hour and from the couses states 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Daniel D. Foote	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  Ottended the deceosed from 1  alive on 7  d obove. (1) (We) (did) (did not) v  Footland M.D. Atter Phy	21F. HOW DID II  21F. HOW DID III  21F. H	(If in Boltimo  NJURY OCCUR?  19 to	DECEMBER, 196
UNDERLYING CONDITION losi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor)  OF INJURY (APPROX.)  22. I certify that (1) (this haspital) that (1) (we) lost saw the deceased ond hour and from the couses stated and hour and from the couses stated and hour ond from the couses stated and hour and from the couses are and hour and hou	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  Ottended the deceosed from	DECEMBER DID III  21F. HOW DID	(If in Boltimo  NJURY OCCUR?  19 to	DECEMBER, 1966.  1238. DATE SIGNED  7 DECEMBER, 1966.  timore, Md. #21224
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) lost saw the deceased and hour and from the couses stated  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) Daniel D. Foote  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BUT 12   24B. DATE  5A. DATE REC'D BY HEALTH DEPT.	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  Ottended the deceosed from 1  alive on 7  J.C.E.M. D.I.  Atte.  Phy  M.D.  24C. NAME of CEMETERY of CRE  55B. NAME OF REGISTRAR	DECEMBER DID    21F. HOW DID	IN CERTIFYING CA	DECEMBER, 1966.  1238. DATE SIGNED  7 DECEMBER, 1966.  timore, Md. #21224
UNDERLYING CONDITION Iosi.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19R. CONDITION WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor)  COPY (APPROX.)  22. I certify that (1) (this haspital) that (1) (we) lost saw the deceased ond hour and from the couses stated and hour ond from the couses stated and hour ond from the couses stated and hour and from the couses stated and hour ond from the couses and hour ond from the couses are not the couse of th	ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  Ottended the deceosed from	21F. HOW DID II  21F. H	IN CERTIFYING CA	DECEMBER, 19 Cobininan deoth occurred on the date of December, 1960.  timore, Md. #21224  City, town, or county) (Stote)



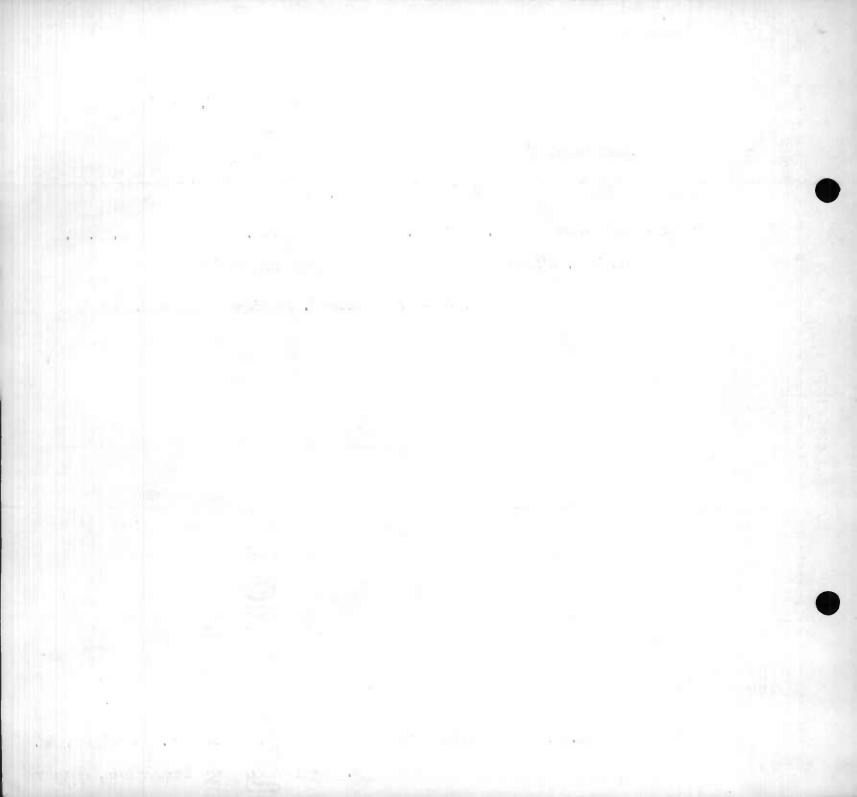
VS 150-REV. 1/1/65

	66 100	100	BALTIMORE CIT	Y HEALTH DEPARTA		66 12323
RTH NO.	66 123	23	CERTIFICA	TE OF DEA	TH Registered h	40. 30 15050
NAME OF D				12. [	DATE AND HOUR OF DEA	ATH
ype or Print)	Elizabeth	Dans			Dec 7,1666	
PLACE OF D	EATH IN BALTIMORE, M			4. USUAL RESIDEN	CE (Where deceosed lived.	If institution; residence before admissic
				Md. STATE	B. COUNTY	
FULL NAME		or institution,	give street			
INSTITUTION				C. CITY OR TOWN		ite RURAL and give townshipt
	4200 Grace Ct			Baltimor		) ()
00	Baltimore, Md	21225				
SEX	6. RACE	7 44 4 88155	, NEVER MARRIED	B. DATE OF BIRTH	race Ct	
		WIDOWE	D, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
emake	W		ried	Oct 31,19	910 56	
A. USUAL OC pe during most	CUPATION (Give kind of wo of working life, even if retired)	TRIOB, KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
lousewi	fe e			Md		USA
FATHER'S N	AME			14. MOTHER'S MAIL	DEN NAME	
	William J I	OWO		Me	aratha Koch	
Was Deceas	ed Ever in U. S. Armed Fr	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No or unkno	wn) (If yes, give wor or do	tes of service)	SECURITY NO.	Family		Same
210	1000			1 SHILLY		Smo
OTHER SIG TO THE DISEASE O	OR CONDITIONS, if the abave cause (A) NG CONDITION last.  INIFICANT CONDITIONS DEATH BUT NOT REIR CONDITION CAUSING OF OPERATION [198. CO	CONTRIBUTINA ATED TO THE	G none	20A. AUTOPSY? (Y	res or No) 208, IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
19-16-	66 WAS PE	RFORMED ca	rcinoma		IN CERTIFYING	CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING BUTING CAUSE OF		B. PLACE OF INJURY (e.g., ne, form, foctory, street,	in or obout 21 C. WHER office bldg., INJURY OC	E DID (If in Bolti	more City, give exact location)
21 D. TIME	(Month) (Doy) (Yeor	(Hour) 21 E	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
(APPROX.)			nile At Not Wh			
		We				
22. I certi	fy that (1) (this- <del>hosp</del> ite	ol) attended t	λ .	dan.	19 56 to	12/7, 19 6
that (I) (w	e) lost sow the deceos	ed olive on.	Dec 6	19 6 6	ond that in (my) (our)	opinion death occurred on the
and hour o	and from the couses st	oted above. (	I) (We) (did) (did not)	view the bady ofter	deoth.	
23A. SIGNA	TURE	1 1 1 1 1 1				238. DATE SIGNED
1	uncy of	Jeh len	M.D. A	tending Med.	Stoff Phys.	12-7-66
23 C. PHYSIC		Gehlen			Pennington A	
NAME	Pennington A				_	
					timore, Maryla	
A. BURIAL C REMOVAL	REMATION, 24B. DATE	100	AME of CEMETERY or C	REMATORY	24D. LOCATION	(City, town, or county) (State
Bur18	12/10	/ 00 M	eadowridge		Elkridge	Md
A. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL E		ADDRESS
	DEC 9 196	6 (12 Pres	5 E Janker MI	McCully	F H 237 Patans	



- de				BALTIMORE CITY	HEALTH DEPARTMENT			
BI R1	TH NO.	0 12324		CERTIFICA	TE OF DEATH	Registered No.	66_12324	
	CASE NO.	. CASE NO.						
	AME OF DEC	M 0.	i ca	Ennison		2. 8.66	4.55 B.N	
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress ar lacation)  NSTITUTION				4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A, STATE B, COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Monganza			
1								
	3/	Mercy Hospi	tal		D. STREET ADDRESS (If rural, give lacotion)  Rural			
-	T / WIDOW			NEVER MARRIED D. DIVORCED (specify)	0ct. 30, 1900	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	
				BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State ar	fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?	
	Public Health Nurse Sto Mary's (o.			Maru's Co.	Mo	144.	11 S A	
_	FATHER'S NAME			^	14. MOTHER'S MAIDEN NAME		<u> </u>	
		Dennis J. O'Leary			Lucy Ann Murphy			
5. Ye	. Was Deceased Ever in U. S. Armed Forces? 16.50			1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		ADDRESS	
	, or offening will	, - , - , - , - , - , - , - , - , - , -		217-36-9418	Harry A. Ten	nison Morgo	anza. Maryland	
ME	18, CAUSE OF DEATH							INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				enal & con	ges tive hes	ent 8 yrs	
	(This does not mean the mode of dying, e.g.,							
	hearl failure, asthenia, etc. II means the disease, injury or complication which caused death.)				CT Bens	an la a	10	
	ANTECEDENT CAUSES (B)			G.L. 10110	rrhage			
				vere Em,	ohy sema	manyyrs.		
	UNDERLYING CONDITION lost,					//		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes o	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
	OR CONTRIBUTING CAUSE OF hame, form, factory, street, of DEATH (natify medical examiner)				n ar about 21C. WHERE DID (If in Baltimare City, give exact lacation) ffice bldg., INJURY OCCUR?			
	21 D. TIME (Manth) (Day) (Year) (Haur)			. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
	(APPROX.) While At Wark At Wark							
	22. I certify that (I) (this hospital) attended the deceased from NOV 25 19 CC to Dec 8 19 CG							
	that (1) (we) lost saw the deceased alive on the date on the date							
	and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.							
	23A. SIGNATURE anong Rung nuch M.D. Atten Phys.				nding Med. Stoff Phys. 238, DATE SIGNED			
	23C. PHYSICIA NAME (T	PONG RO	LANGI	PUCHÍRAMO.	23D. ADDRESS	Mercy 1	400 p	
24/		MATION, 248. DATE	24C. N	AME al CEMETERY of CR	EMATORY 241	D. LOCATION (C	City, tayn, or county) (State)	
	Burial	Dec. 10.	1966 M	oreland Park	29	01 Taylor Ave	2. Baltimore, Md.	
25	A. DATE REC'D	DEC 9 1968	25B. NAME	Falleman	230: TOTTERAL DIREC	I O K	NO DIEGO	
			July Oak	- , double pris	W. Larre 116	itungiey Leo	onardtown, Maryland	

VS 150-REV. 1/1/65



VS 151-REV, 1/1/65

## BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65-21178 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED CAFOL 2. DATE AND HOUR PRONOUNCED DEAD December 8, 1966 4:40 A TILLERY LYNN 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corparate limits, write RURAL and give tawnship) HOSPITAL OR ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rurol, give location) Church Home and Hospital 114 N. Madera Street 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min. WIDOWED, DIVORCED(specify) Female Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 3/1 done during most of working life, even if retired) 2020 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16. SO CLAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Subendocardial Fibroelastosis. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No MEDICAL 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Haur) OF INJURY WHILE AT NOT WHILE (APPROX.) 22. I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my apinlan resulted fram: Natural causes X Accident Suicide Hamicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X 100 SIGNATURE 12/8/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (State) (City, tawn, or county) REMOVAL (Specify) sura 24A, DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR 24B, NAME OF REGISTRAR

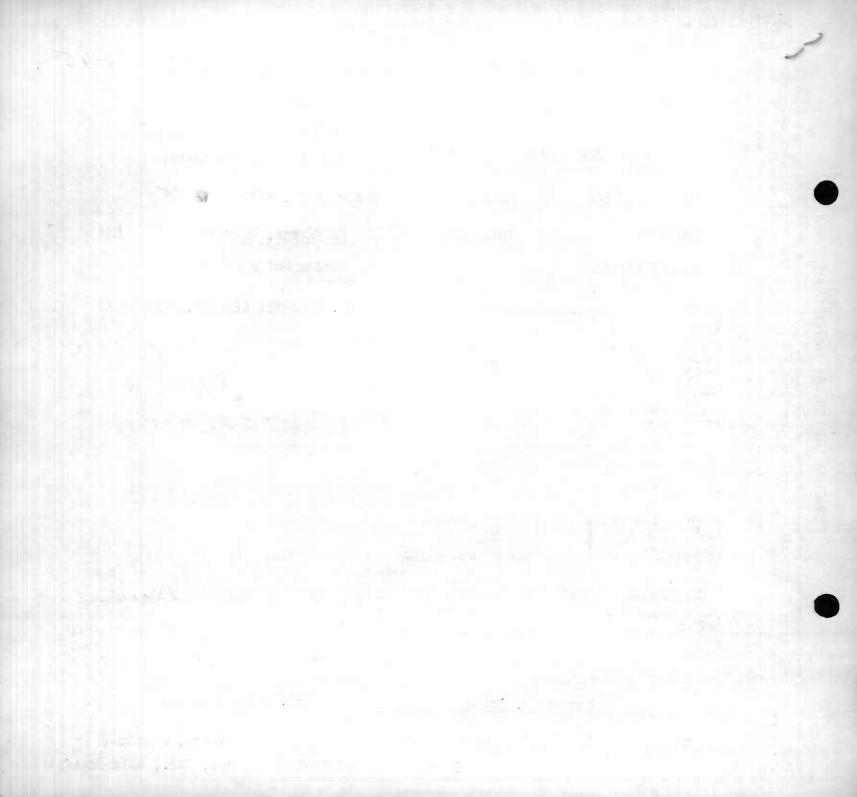
N	1			9	-
	ath	sed	the	UCH.	
	f de	900	no	S	
	iospi	(2)	ance	deat	
	a	se;	ende	40	
	ina in	Cal	att	rior	
	ribu	nine	Jular	pa	nade
	h oc	tern	reg	ceas	n is n
	deat	Unde	as ir	ep e	sitio
E	t if	(4)	N C	the	ispo
TAN	istan he d	cind,	deat	10 93	nalc
OR	: d :	uni	ed	dan	or fi
M	Also.	e of	OUNC	atten	peu
FUNERAL DIRECTOR: IMPORTANT	ner	ctur	pron	lar o	balr
013	amin	A fra	, ho	regu	е еп
RE	ex e	(3)	N HE	Ξ.	ns ar
LD	edical	Jrns;	ysici	Was	mai
ERA	ef m	dy b	hd &	cian	he re
S	by a	Boc	+ the	hysi	ore t
-	y the	e; (2	rher	No p	befc
	ed b	atur	pt w	9	ined
	prov	n y n	exce	and	obta
	e ap	ofo	tal (	ith);	t be
	ust b	den	ospi	dec	mus
	he m	acci	10+	or to	lovo
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	cert	vs: (1	0.0	asec	ten c
	This	shov	Was	dece	Writ

	- 1 - 200	BALTIMORE CITY	HEALTH DEPARTMENT		00 400000
BIRT	TH NO. 66 12326	CERTIFICA	TE OF DEATH	Registered No.	66 12326
	AME OF DECEASED		DATE AN	D HOUR OF DEATH	- 1
	De or Print) HELEN MCM	OPPIC	2. DATE AN	P HOUR OF DEATH	2010
	, (C = -	0161612	12/	1166 0	1441 M
3. I	PLACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B. COUN	e deckosed lived. If instit TY	ution: residence before odmission)
			110		
	FULL NAME OF (If not in hospital or institu	Ilion, give street	C. CITY OR TOWN (If out	side city limits, write RUI	Al and sive towards
- 1	NOTIFICAL AND ADDRESS OF THE PROPERTY OF THE P	D DNI	naltina	. 0	CAL ond give township)
1	IN A ( HOSPITAL O	1-154610.		OKE 16	211-03
-	) ( V OI ( ) ( OS)		D. STREET ADDRESS (If	urol, give location)	20
	Har	3	14411 101	AKEFIELD	CU.
· S		RRIED, NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	I Under 1 Yr. II Under 24 Hrs.
	E MID	OWED, DIVORCED (specily)	11/22/24	ost birthdoyl	Nonths Doys Hours Min.
4.7			11/24/36	70	
	. USUAL OCCUPATION (Give kind of work 10 B. KIN e during most of working life, even if retired)	ID OF BUSINESS OF INDUSTRI	11. BIRTHPLACE (Stofe or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
011	dorling most of working me, even it femole,	-	BAITO. 1	UD-	11.5
2	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	4E	0 3
3.			14. MOTHER'S MAIDEN NAM	A A A A	4.
4	CRAWFO	12() -	berneitt	Whit	INA
5.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	, von	ADDRESS
fe:	Was Declosed Ever in U. S. Armed Forces? s,no or unithown) (II yes, give wor or dotes of ser	vice) SECURITY NO.		-1100	-
	No	-	JUST IT AL	CHAICE	
	18. 7 6 40 0	CAUSE	F DEATH		INTERVAL BETWEEN
	DISTACT OF COMPLETON DISTACTOR	26	12 MANO SARCOM	M I. S. WI	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	~ = 1	WIDESPAFAR	n with	2/2,21
	(This does not mean the mode of dying,	e.g., DUE TO	COLUE SINCIAR	2 /1 t 7 19 ST 4 3/	3
	heort foilure, osthenia, etc. II means the dis		1		
	injury ar camplication which caused death.)				2.0
	ANTECEDENT CAUSES	(B)	••••		
	DISEASES OF CONDITIONS IS	DUE TO			
	DISEASES OR CONDITIONS, if ony, grise to the above couse (A) stoling				
	UNDERLYING CONDITION lost.	(6)		0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
z	OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING			
ATION	TO THE DEATH BUT NOT RELATED TO				
CA	DISEASE OR CONDITION CAUSING IT.		120 A Bloomeye (V No.	OOD IF MEE WERE FIN	DINCE CONCIDENCE
IFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 CERTIFYING CAUS	ES OF DEATH?
ERTIFI			100		
O	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or about 21 C. WHERE DID	(II in Boltimore C	ity, give exoct location)
AL	DEATH (notily medical examiner)	etc.)	mice orage myork occor:		
U			44.5		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY		21 F. HOW DID INJ	URY OCCUR?	
Σ	(APPROX)	While At Work At Work			/
					10000
	22. I certify that (1) (this hospital) atten	ded the deceased fram	21/1/1 12 17 1	9 66 to 5	11/0 / 1966
	that (1) (we) last sow the deceased alive			ot in(my) (our) opinio	in death occurred on the dat
	and hour and from the causes stated abo	ve. (I) (We) (did) (did nat)	view the body ofter deoth.		
	23A. SIGNATURE			2	38. DATE SIGNED
	Jun K	M.D. All	ending Med. Director	Stoll	11/7/66
	23C. PHYSICIAN'S	FR	23D. ADDRESS	Phys.	1110
	NAME (Type)	2221		N.11. N	B1: ==
	THELMON M. F	RANK M.D.	211/41 HOSE	11616 01-	1/4 LTO
244	A BURIAL CREMATION, 248, DATE 2	4C. NAME of CEMETERY of CE	EMATORY 24D. LO	OCATION (City,	town, or county) (Stote)
	REMOVAL (Specily)	b 1-0 1	7 /	1 1	, 0
1	BUNIA 12-10-66	nttahnu (	Det 1	nookless	mx
25/	A. DATE REC'D BY HEALTH DEPT.   258. NA	AME OF REGISTRAR	25C. BUNERAL DIRECTOR	- Congr	ADDRESS
	DEC 9 1966 (P.4	2 R. Q. T. M	80 M 1.1	1-0	B At IL
		/ WY CONTRACTOR	VI 1/1/21/11/11/11/11/11/11/11/11/11/11/11/	11/2/11/11/11/11	I I D VU al Re
	ner a randidir	Je D C. Touras.	serry will	V-220 1000 F	- servicy 1-

The state of the state of 

VS 150-REV. 1/1/65

7 66 10000	BALTIMORE CI	TY HEALTH DEPARTMENT	00 10000
MATH NO. 66 12327	CERTIFICA	ATE OF DEATH Registered	No. 66 12327
A.E. CASE NO. NAME OF DECEASED Type or Print)		2. DATE AND HOUR OF DE	ATH PULL
THOMAS. PLACE OF DEATH IN BALTIMORE, MA	LIPNICK		766 6.43 P. M.
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	A. STATE B. COUNTY	If institution: residence before admission)
FULL NAME OF (If not in hospital oddress or location in the spital oddress	or institution, give street	Maryland C. City Or TOWN (If outside city limits,	Mile RURAL) and give towardipt
		Baltimore	2/-1
O 6034 GREEN MEA	ADOU DADVUAV	D. STREET ADDRESS (If rurol, give locoffor	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	
	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
Male White	Married kilob, Kind of Business OR INDUSTI	December 25, 1890  RY 11, BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
ne during most of working life, even if retired)			WHAT COUNTRY?
Salesman FATHERS NAME	Insurance	Baltimore Maryland	USA
Robert Lipnick Was Deceased Ever in U. S. Armod For	rces? 16. SOCIAL	Miriam Wolfe	ADDRESS
es, no or unknown) () f yos, give wor or doto	os of service) SECURITY NO.	W. INFORMANT	ADDRESS
No	Unknown	Mrs. Margaret Lipnick.	6034 Green Meadow Pk
1B. 4 20111	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIS	RECTLY	ento Cornay thrend	ses 1/2 hour.
(This daes not meon the made of	dying, e.g., DUE TD	cente Coronary Thromb	
heart failure, osthenia, etc. It means injury ar camplication which caused	the disease, dideath.)	Parenews Saugh	
ANTECEDENT CAUSES	(B)	ince colored wanty	
DISEASES OR CONDITIONS, if	1. 3	ast a cuto Country Our	163
rise to the obove couse (A) UNDERLYING CONDITION lost,	stoting the (C)	July Garage	2 0 5
11		V	
DTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING			
	IT.		
19A. DATE OF OPERATION 19B. CON WAS PER	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTURY (o.g.	, in or obout 21 C. WHERE DID (If in Bot	timore City, give exact location)
	home, form, foctory, street,	office bldg., INJURY OCCUR?	miliote only, give exoct locolloni
OR CONTRIBUTING CAUSE OF	otc.)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinat)		21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminor)  21 D. TIME (Month) (Doy) (Yoor) OF )NJURY	(Hour) 21E INJURY OCCURRED While At Not W	21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminor)  21D. TIME (Month) (Day) (Yoor) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED  While At	hile hile	
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminos)  21D. TIME (Month) (Day) (Yoos) OF INJURY (APPROX.)  22. I certify that (I) (this haspital	(Hour) 21 E. INJURY OCCURRED  While At Not Work At We  1) attended the deceased from	hile Cex, 23 1966 to	December 7 166
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminor)  21D. TIME (Month) (Day) (Yoor) OF )NJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED  While At Not Work At We  1) attended the deceased from	hile (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminor)  21D. TIME (Month) (Day) (Yoor) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes sto	(Hour) 21 E. INJURY OCCURRED  While A! Not Work  Not Work  I) attended the deceased from the deceased	hile	4)-Dec7-1966_
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminos)  21D. TIME (Month) (Day) (Yoos) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease	While A! Not Wat Work  Not Wat Work  Not work	hile hile on the standard of t	23 B. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminor)  21D. TIME (Month) (Day) (Yoor)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and from the causes stomation of the same of the causes stomation of the same of the causes stomation of the cause of the causes of the causes of the causes of the cause of the causes of the cause of t	(Hour) 21E INJURY OCCURRED  While A! Not Work  Not Work  I) attended the deceased framed alive an OEX 23 (Rocke)  sted abave. (1) (We) (did) (did not)	hile nk 1966 to 1966 to and that in (my) (aur) view the body after death. Stoff Phys. Director Phys.	4)-Dec7-1966_
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminor)  21D. TIME (Month) (Day) (Yoor) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes sto	(Hour) 21E INJURY OCCURRED  While A! Not Work  Not Work  I) attended the deceased framed alive an OEX 23 (Rocke)  sted abave. (1) (We) (did) (did not)	thile of the control	23 B. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminor)  21D. TIME (Month) (Day) (Yoor) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes sto 23A. SIGNATURE  DELLARY (C)  23C. PHYSICIAN'S NAME (Type)  Bernard	(Hour) 21E INJURY OCCURRED  While At At We Not Work  It attended the deceased from M.D. Application of the d	hile hile hile hile hile hile hile hile	23B. DATE SIGNED 12-8-66
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminos)  21. TIME (Month) (Doy) (Yoos) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes sto 23A. SIGNATURE  DECEASE CONTRIBUTING CAUSE OF CAU	While At Not Work  While At Not Work  It attended the deceased from Mex 23 (Rock)  Ited above. (1) (We) (did) (did not)  M.D. A	hile hile hile hile hile hile hile hile	23B. DATE SIGNED 12-8-66
OR CONTRIBUTING CAUSE OF DEATH (notify medical exeminar)  21D. TIME (Month) (Day) (Yoor)  (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes stom 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Bernard  4A. BURIAL CREMATION, 1248. DATE	(Hour)  21E INJURY OCCURRED  While At Not Work  Not Work  1) attended the deceased fram  ed alive an Dex 23 (Rocke  sted abave. (1) (We) (did) (did not)  M.D. A  Place M.E.  24C. NAME of CEMETERY of C	Attending Mod.    23D. ADDRESS   2708 Whitney Ave.   CREMATORY   24D. LOCATION   1965   to   1966   to	12-8-66



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

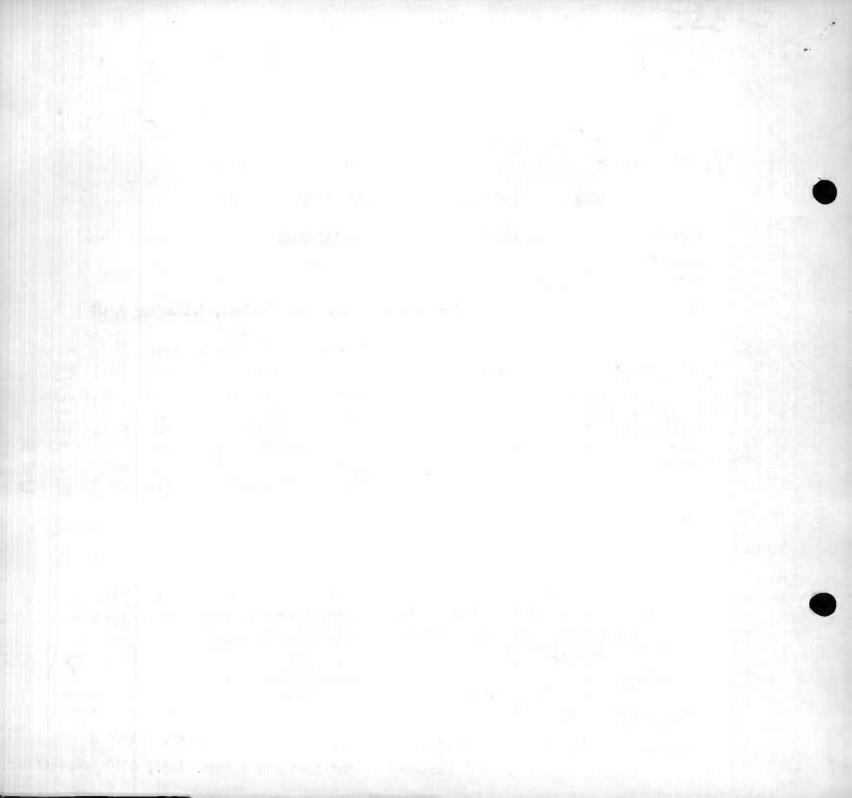
Hours

Home

eru

LISA

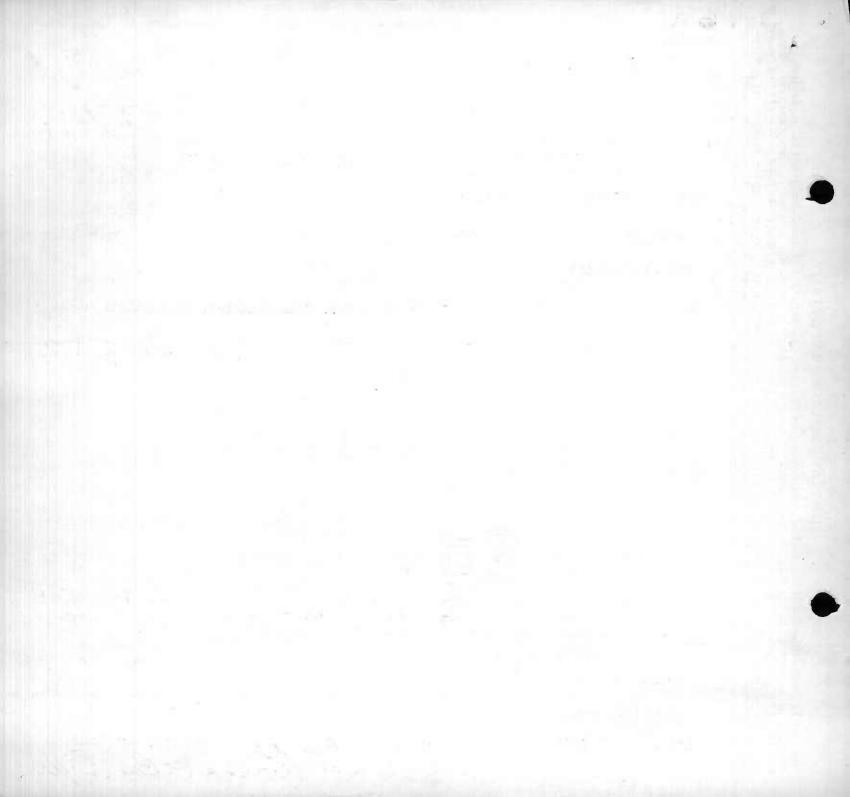
ADDRESS



IMPORTANT

DIRECTOR:

FUNERAL



Such

to death.

attendance on the

of death

cause

	66 123	30	BALTIMORE CITY	HEALTH DEPA	RTMENT		66 12330
BIRTH NO.	00 120	UU	CERTIFICA	TE OF D	FATH	Registered Na.	00 15000
M.E. CASE NO.	CEACED		CERTITION				
(Type or Print)		JAMES M	ATHEWS JR.			nd hour of death aber 8, 1966	
3. PLACE OF D	EATH IN BALTIMORE, MA				DENCE (Whe	ere deceased lived. If i	nstitution: residence before admission
FULL NAME			give street	Maryla		NTY	
HOSPITAL OF	Veterans Admi	ni st.ret:	ion Hospital	C. CITY OR TO	WN (If or	utside city limits, write	RURAL and give township)
37	3900 Loch Rav			Baltim		- K	0-,02
0/	Baltimore, Ma			D. STREET ADD		rurol, give location)	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIR	amonasc	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
Male	Negro	Mar	D, DIVORCED (specify) <b>ried</b>	1/9/28		lost birthdoy) 38	Months Doys Hours Min.
	CUPATION (Give kind of world working life, even if retired)	KITOB, KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Truck I	Driver	Termin	al Van Lines	Maryl			United States
13. FATHER'S NA	AME			14. MOTHER'S	MAIDEN NA	ME	
James	M. Holly Sr.			Rosie	Young		
15. Was Decease	ed Ever in U. S. Armed For	rces?	16. SOCIAL	17. INFORMANT	r		ADDRESS
Yes	2/3/51-3/4/		216-22-36-33	Hospita	l Recor	rds, Balto.,	Md, 21218
1B. 00	2-11		CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	KECILY		Hemoptysi	s		6 months
	nal mean the made al		DUE TO	) in a Singram			
	e, asthenia, etc. It means amplication which caused						V
	ANTECEDENT CAUSES		(R)			ary, Far-Ad	ranced,
DISEASES	OR CONDITIONS, if		DUE TO	Active	, Cavi	tiary	
lise to 1	the above couse (A)		(C)				
UNDERLYIN	NG CONDITION last.						
	NIFICANT CONDITIONS			42.84		- b. S	
DISEASE O	R CONDITION CAUSING		11.				
19A. DATE O	OF OPERATION 198. CON WAS PER		WHICH OPERATION	Yes	SY? (Yes or N	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DEUTING CAUSE OF		PLACE OF INJURY (e.g., ine, form, foctory, street, o			(If in Boltimor	e City, give exact location)
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	215 1	OW DID IN	JURY OCCUR?	
S OF INJURY			ile At Not Whi		OW DID IN.	JORT OCCUR:	
(APPROX)		Wo					
22. I certif	fy that 敓 (this haspita	l) attended t	he deceased fram <b>De</b>	cember 6,		19 66 to Dece	mber 8, 19 66
thatata (we	e) last saw the decease	ed alive an	December 8,	19_66	and th	hat in (🎉) (aur) ap	inian death accurred an the dat
and have a	and from the causes sta	ted above. X					
23A. SIGNAT		1)					23B. DATE SIGNED
	617	1	M.D. Att	ending /	Med.	Stofl Phys.	12/9/66
23C.PHYSIC	IANS	My	Phy	23D. ADDRESS	Director	rnys, we	12/9/00
NAME	YOUNG E. CHUN	40	trum M.D.		Hospit	tal, Balto.,	Md.
24A. BURIAL CI	REMATION, 248. DATE	24C. N.	AME of CEMETERY OF CR	EMATORY	) 24D. 1	LOCATION (C	ity, town, o <sub>k</sub> county) (State)
REMOVAL	(Spacify) 12-13	-a B	a Do Ina	Tianal	By	2000 ×	nid.
25A. DATE REC	D BY HEALTH DEPT	25B NAME	OF REGISTRAR	25C. FUNER	AL DIRECTO	RYOLA	ADDRESS
25A. DATE REC	DEC 12 196	O Ololie	15 E, Jankey M.	RUX	lence	right 27	700 Elmondson
VS 150-REV, 1/1	1/65				-1	1	

BALTIMORE CITY HEALTH DEPARTMENT

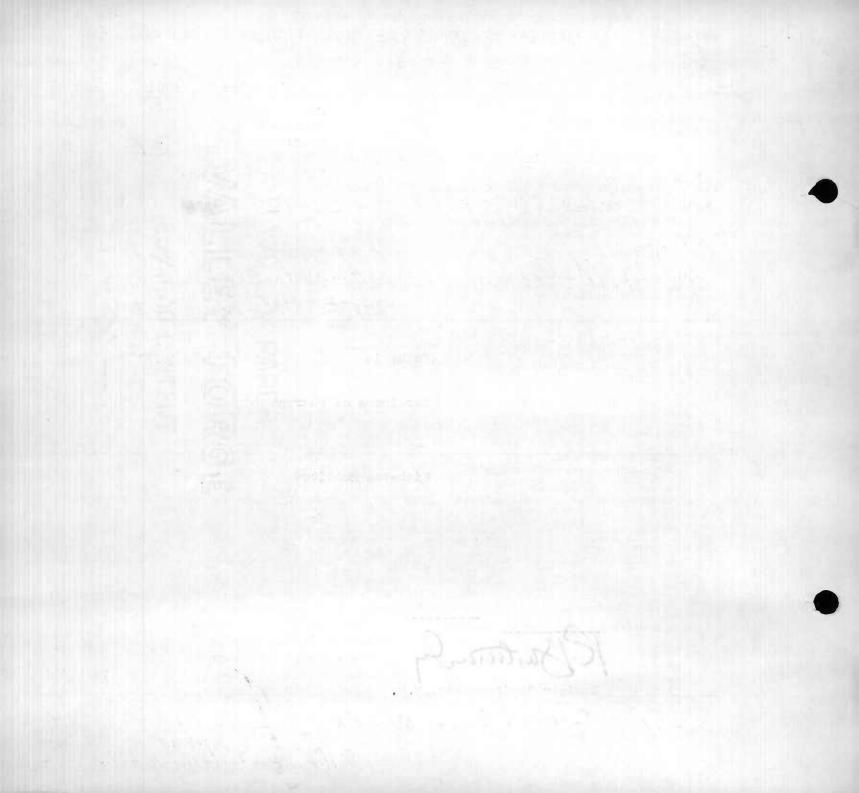
of the bridges of the land

DOT TOUT

STATE LES ... STATE CONTROL DATE OF THE CONTROL OF THE STATE OF THE ST

VS 151-REV. 1/1/65

BIR	th NO.	MEDICAL EXAM	AINER'S CI	ERTIFICATE OF D	EATH Registe	ered No.
	E CASE NO.			lo mass aum	HOUR PRONOUNC	ED DEAD
(Ťy	NAME OF DECEASED			2. DATE AND	HOUR PRONOUNC	ED DEAD
	GEORGE PLACE IN BALTIMORE, MARYL			A. STATE  Maryland	nher 10, 19 deceased lived. If inst B. col	titution: residence belare admission)
HO	LL NAME OF (IF NOT IN SPITAL OR ADDRESS OF TITUTION	HOSPITAL OR INSTITUTION, OR LOCATION)	GIVE STREET	c. city or town (If outside Baltimore	carparate limits, write	e RURAL and give tawnship)
-	39 Provident	Hospital		D. STREET ADDRESS (If rural, 1203 Harle		
5. S	sex 6. RACE Sale Colore	7. MARRIED, NEVE WIDOWED, DIVOR	CED (specify)	8. DATE OF BIRTH 4-22-12	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATION (Give ki e, during most of working life, even i	nd of work 108. KIND OF BUSI		11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13.	Mingo M	1c Crav		14. MOTHER'S MAIDEN NAME	??	
	WAS DECEASED EVER IN U.S. s, na orunknown) (If yes, give wo		CURITY NO.	Hattie McCi	-6 V	ADDRESS 54me
-	1B. / //	51 2V	CAUSE	OF DEATH		INTERVAL BETWEEN
NOI	heart failure, asthenio, etc. injury or complication which  ANTECEDENT  DISEASES OR CONDITIO  RISE TO THE ABOVE CAUL  UNDERLYING CONDITIO	CAUSES  NS, IF ANY, GIVING SE (A) STATING THE	Carcino DUE TO	oma of Pharynx		
CERTIFICATION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION (	NOT RELATED TO THE	Diabet	es Mellitus		
		98. CONDITION FOR WHICH WAS PERFORMED	OPERATION	NO	20B. IF YES, WERE FI IN CERTIFYING CAU	
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACI home, form etc.)	OF INJURY (e.g., i , foctory, street, o	in or obout 21C. WHERE DID (I ffice bldg.,	f in Baltimore City, gi	ive exact locotion)
Σ	21 D TIME (Month) (Dog OF INJURY (APPROX.)	y) (Yeor) (Hour) 21 E. IN WHILE m. WORK	AT NOT AT W	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that I held	d an Inquiry 🗌 Ins	pectian X Aut	opsy and that an this	s basis, death in i	
	ACTUAL SIGNATURE EXAMINER'S	Bulun	0	CHIEF MEDICAL EX. ASSISTANT MEDICAL EX. ASSOCIATE MEDICAL EX	AMINER AMINER	DATE SIGNED  12/11/66
23A REI	MOVAL (Specify) 238.	diger Breitenec	ME of CEMETERY o	CREMATORY 23D. LC	OCATION (City	, town, or county) (State)
24/	A. DATE REC'D BY HEALTH DE	10 00 - 41	GISTRAR	24C. FUNERAL DIRECTOR	10117	ADDRESS
	DEO 4	1000 DO R-	C . F. D. 4	n C 11'	- /11	1111: +1



VS 150-REV. 1/1/65

15,000

contacts all arrows

The cartie of the management of the linear and a

of the second se

ca ...... Elemensity Hospital 35.18 3: 3.1841 ALS 5-19-92 7H Divorced Maryland us Housewife Hoches ason of Lenfa- , "Interior 220 05 1488 Hospital chart Myoranded Informan Operation by potentian I . . . dopping Columbus Tours 66 Signed velyalus W 12/6/10 the principle and the state of A Street Service and Service Service

## 5-363 BIRTH NO. BIRTH NO. BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12334

M.E. CASE NO.	ECEACED			IO DATE	AND HOUR PRONOUN	CED DEAD	
Type or Print)		m					10.40 m
DI ACE IN BA	LARRY STEWAR		4.0	Dec	ember 4, 196	00	12:40 P M
, PLACE IN BAI	LIIMUKE, MAKILAND, W	WHERE PRONOUNCED DE	AU	4. USUAL RESIDENCE (Whe	B. CO	UNTY	dence before admission
ULL NAME OF	UE NOT IN HOSPIT	AL OR INSTITUTION, GIV	/F STREET	Marvland			
OSPITAL OR	ADDRESS OR LOC	ATION)	L JINELI	C. CITY OR TOWN (If out	sīde carparate limits, wri	te RURAL or	nd give township)
43111011014				Baltimon	e //	3-0:	7-
Johns Hopkins Hospital				D. STREET ADDRESS (If ru			
00				1242 E.	Monument Str	reet	
. SEX	6. RACE	7. MARRIED, NEVER M.	APPLED	8. DATE OF BIRTH	9. AGE (In years		1 Yr. If Under 24 Hr.
		WIDO WED, DIVORCED		O. DATE OF BIRTH	lost birthday)	Manths	Doys   Hours , Min.
Male	Colored	Single		Aug 15, 1951	15		
OA. USUAL OC	CUPATION (Give kind of wor		OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZ	
	f warking life, even if retired)		1000	Deleteres Mas	and and		T COUNTRY?
FATHER'S NA	one MF	none		Baltimore, Man	ME	0.4	5.A.
a l'Allien 5 ttA				THE THE THE TAIL THE			
	mes Stewart			Dorothy Sande	ers		
	SED EVER IN U.S. ARMEI		L ITY NO.	17. INFORMANT		ADDRESS	
	, yes, give wor or don	es of service/	110.	Mrs. Dorothy	Stowart 124	E M	nument St
no		•			JEWALL 1244	- 13 · 170	
18.	9   X		CAUSE	OF DEATH			ONSET AND DEATH
diam's							OHSEL AND DEATH
DISE	ASE OR CONDITION D						
	LEADING TO DEATH		A Gunsho	t wound of Head			
(This does	not mean the made at re, asthenia, etc. It mean	f dying, e.g.,	DUE TO	e wound of most			
injury or c	omplication which caused	death.)					
	ANTECEDENT CAUSE	e					
	Militarbail. Gross	:3	/ m)				
DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO		***************************************		
DISEASES RISE TO T	OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO			•••••••••••••••••••••••••••••••••••••••	
DISEASES RISE TO T UNDERLY	OR CONDITIONS, IF	ANY, GIVING STATING THE	(B) DUE TO				
DISEASES RISE TO T UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	ANY, GIVING STATING THE					
DISEASES RISE TO T UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	ANY, GIVING STATING THE					
DISEASES RISE TO T UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) SING CONDITION LAST.	ANY, GIVING STATING THE					
DISEASES RISE TO T UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	ANY, GIVING STATING THE  CONTRIBUTING STATED TO THE					
DISEASES RISE TO T UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) SING CONDITION LAST.  III  GNIFICANT CONDITIONS DEATH BUT NOT REOR CONDITION CAUSING OF OPERATION [198, CONDITION]	CONTRIBUTING ELATED TO THE G IT.  NOTION FOR WHICH OF	(C)	20A. AUTOPSY? (Yes or N			
DISEASES RISE TO T UNDERLY  OTHER SIGN TO THE DISEASE OF THE DISEA	OR CONDITIONS, IF A HE ABOVE CAUSE (A) SING CONDITION LAST.  III  GNIFICANT CONDITIONS DEATH BUT NOT REOR CONDITION CAUSING OF OPERATION [198, CONDITION]	CONTRIBUTING CLATED TO THE	(C)		IO) 208. IF YES, WERE I		ATH?
DISEASES RISE TO TUNDERLY OTHER SIGNOTHER SIGN	OR CONDITIONS, IF A HE ABOVE CAUSE (A) SHING CONDITION LAST.  II  GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19B, COPWAS PEI	ANY, GIVING STATING THE  CONTRIBUTING STATED TO THE G IT.  NOITION FOR WHICH OF	C)	Yes	IN CERTIFYING CAT	JSES OF DE	Yes
DISEASES RISE TO T UN DERLY  OTHER SIGN TO THE DISEASE G  19A. DATE O  1121A. EXTERN UNDERLYING	GOR CONDITIONS, IF A HE ABOVE CAUSE (A) SHING CONDITION LAST.  II  GNIFICANT CONDITIONS DEATH BUT NOT REOR CONDITION CAUSING COMMAS PER AL CAUSE WAS	CONTRIBUTING STATING THE CONTRIBUTING STATED TO THE G IT. NOTION FOR WHICH OP REFORMED	PERATION		IN CERTIFYING CAN	JSES OF DE	Yes
DISEASES RISE TO T UN DERLY  OTHER SIGN TO THE DISEASE 19A. DATE O UNDERLYING	GOR CONDITIONS, IF A HE ABOVE CAUSE (A) STING CONDITION LAST.  III  GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. COP WAS PER AL CAUSE WAS	CONTRIBUTING STATING THE STATI	PERATION  INJURY (e.g., i ctory, street, a	Yes n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING CAN	JSES OF DE	Yes
DISEASES RISE TO T UN DERLY  OTHER SI TO THE DISEASE 19A. DATE O UNDERLYING UNDERLYING UNDERLYING	OR CONDITIONS, IF A HE ABOVE CAUSE (A) SHING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REOR CONDITION CAUSING OF OPERATION 19B. CONWAS PEI AL CAUSE WAS SEMOR CONTRIBULES OF DEATH.	CONTRIBUTING CLATED TO THE GIT. NOTION FOR WHICH OP REFORMED  218. PLACE OF hame, farm, fo etc.) Street	PERATION  INJURY (e.g., i ctory, street, a	Yes n or about 21C. WHERE DID ffice bidg., NJURY OCCUR? In Front	IN CERTIFYING CAN  (If in Boltimore City,  of 816 N. I	JSES OF DE	Yes
DISEASES RISE TO T UN DERLY  OTHER SIG TO THE DISEASE G  19A. DATE O  19A. DATE O  21A. EXTERN UN DERLYING	OR CONDITIONS, IF A HE ABOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REOR CONDITION CAUSING OF OPERATION 19B, COMMAS PEI AL CAUSE WAS BEROR CONTRIBUSE OF DEATH.	CONTRIBUTING ELATED TO THE GIT.  POTION FOR WHICH OP REFORMED  21B. PLACE OF hame, farm, fo elc.) Street 11 (Hour) 21E. INJURY	PERATION  INJURY (e.g., i ctory, street, a	Yes n or about 21C. WHERE DID fice bidg, INJURY OCCUR? In Front 21F. HOW DID IN	IN CERTIFYING CAN  (If in Boltimore City,  of 816 N. I	JSES OF DE	Yes
DISEASES RISE TO T UNDERLY  OTHER SIGN TO THE DISEASE G 19A. DATE G 19A. DATE G UNDERLYING UTING CA	OR CONDITIONS, IF A HE ABOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REOR CONDITION CAUSING OF OPERATION 19B, COMMAS PEI AL CAUSE WAS BEROR CONTRIBUSE OF DEATH.	CONTRIBUTING ELATED TO THE GIT.  POTION FOR WHICH OP REFORMED  21B. PLACE OF hame, farm, fo elc.) Street 11 (Hour) 21E. INJURY	PERATION  INJURY (e.g., i ctory, street, a	Yes n or about 21C. WHERE DID fice bidg, INJURY OCCUR? In Front 21F. HOW DID IN	IN CERTIFYING CAN  (If in Boltimore City,  of 816 N. I	JSES OF DE	Yes
DISEASES RISE TO T UN DERLY  OTHER SIGN TO THE DISEASE G  19A. DATE OF UN DERLYING UN DERLYING UN DERLYING UTING CA  21 A. EXTERN UN DERLYING UTING CA  21 D TIME OF INJURY (APPROX.)	OR CONDITIONS, IF A HE ABOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REOR CONDITION CAUSING OF OPERATION 19B, COMMAS PEI AL CAUSE WAS BEROR CONTRIBUSE OF DEATH.	CONTRIBUTING CLATED TO THE GIT. NOTION FOR WHICH OP RFORMED  218. PLACE OF hame, farm, fo etc.) Street	PERATION  INJURY (e.g., i ctory, street, a t	Yes n or about 21°C. WHERE DID ffice bidg. INJURY OCCUR? In Front 21°F. HOW DID IN WHILE X Was shot	IN CERTIFYING CALL  (If in Baltimare City,  of 816 N. I	JSES OF DE	Yes
DISEASES RISE TO T UN DERLY  OTHER SIG TO THE DISEASE ( 19A. DATE O UNDERLYING UNDERLYIN	OR CONDITIONS, IF A HE ABOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REOR CONDITION CAUSING OF OPERATION 19B, COMMAS PEI AL CAUSE WAS BEROR CONTRIBUSE OF DEATH.	CONTRIBUTING CLATED TO THE GIT.  POTION FOR WHICH OP REFORMED  218. PLACE OF home, form, fo etc.)  218. PLACE OF home, farm, fo etc.)  Street  11:58Pm. WHILE AT	PERATION  INJURY (e.g., i ctory, street, a t	Yes n or obout 21C. WHERE DID ffice bidg, INJURY OCCUR? In Front 21F. HOW DID IF	IN CERTIFYING CALL  (If in Baltimare City,  of 816 N. I	uses of de give exact lo Bond St	Yes  coolian)  creet
DISEASES RISE TO T UN DERLY  OTHER SIGN TO THE DISEASE G  19A. DATE O  21A. EXTERN UNDERLYING UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22. I ce	OR CONDITIONS, IF A HE ABOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITION SOLD TO THE CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONTRIBUTION (Manth) (Day) (Year 12 3 166 Contriby that I held on the conditions of the conditi	CONTRIBUTING ELATED TO THE GIT.  21B. PLACE OF hame, form, fo etc.)  Street  11:58Pm. WHILE AT Inquiry Inspect	INJURY (e.g., i ctory, street, a	Yes n or about 21C. WHERE DID ffice bidg. NJURY OCCUR?  In Front 21F. HOW DID IF WHILE X Was shot	IN CERTIFYING CAI  (If in Baltimare City,  of 816 N. I  NJURY OCCUR?  in head  this basis, death in	uses of de	Yes  coolian)  creet
DISEASES RISE TO T UN DERLY  OTHER SIGN TO THE DISEASE G  19A. DATE O  21A. EXTERN UNDERLYING UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22. I ce	GOR CONDITIONS, IF A HE ABOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REOR CONDITION CAUSING OF OPERATION 19B. COPWAS PEI AL CAUSE WAS DEMOR CONTRIBULES OF DEATH.  (Manih) (Day) (Year 12 3 166 1	CONTRIBUTING ELATED TO THE GIT.  21B. PLACE OF hame, form, fo etc.)  Street  11:58Pm. WHILE AT Inquiry Inspect	INJURY (e.g., i ctory, street, a	Yes n or about 21C. WHERE DID ffice bidg. NJURY OCCUR? In Front 21F. HOW DID IN WHILE X Was shot opsy X and that on	IN CERTIFYING CAI  (If in Baltimare City,  of 816 N. I  NURY OCCUR?  in head  this basis, death in  Undetermined month	uses of de	Yes  coolian)  creet
DISEASES RISE TO T UN DERLY  OTHER SIGN TO THE DISEASE G  19A. DATE O  21A, EXTERN UNDERLYING UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22.  I ce	OR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITION SOLD TO THE CONDITION CAUSING FOR CONDITION CAUSING FOR CONTRIBUSE OF DEATH.  (Manth) (Day) (Year Striffy that I held on sulted from: Natural conditions for contributions of the conditions of the condi	CONTRIBUTING ELATED TO THE GIT.  21B. PLACE OF hame, form, fo etc.)  Street  11:58Pm. WHILE AT Inquiry Inspect	INJURY (e.g., i ctory, street, a	Yes n or about 21C. WHERE DID ffice bidg. NJURY OCCUR?  In Front 21F. HOW DID IF WHILE X Was shot	IN CERTIFYING CAI  (If in Baltimare City,  of 816 N. I  NURY OCCUR?  in head  this basis, death in  Undetermined month	uses of de	Yes Treet
DISEASES RISE TO T UN DERLY  OTHER SIGN TO THE DISEASE G  19A. DATE OF  21A. EXTERN UNDERLYING UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22. I ce resc	OR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITION SEATH BUT NOT REOR CONDITION CAUSING OF OPERATION 198. CONWAS PER CONTRIBUSE OF DEATH.  (Manth) (Day) (Year 12 3 166 2)  Pertify that I held on sulted from: Natural conditions of the contributed of the conditions of the	CONTRIBUTING ELATED TO THE GIT.  21B. PLACE OF hame, form, fo etc.)  Street  11:58Pm. WHILE AT Inquiry Inspect	INJURY (e.g., i ctory, street, a t Y OCCURRED AT WE Suicide	Yes n or about 21C, WHERE DID ffice bidg, NJURY OCCUR? In Front 21F, HOW DID IN OPSY Was shot OPSY OPSY CHIEF MEDICAL	IN CERTIFYING CAN  (If in Baltimare City,  of 816 N. I  NJURY OCCUR?  in head  this basis, death in  Undetermined monte	uses of de	Yes  coolian)  creet
OTHER SIGNATION OF THE CONTROL OF TH	GOR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING DEATH SUT NOT RE OR CONDITION CAUSING DEATH.  AL CAUSE WAS DECOMINATED OF OPERATION 198 CONTRIBULE OF DEATH.  (Manth) (Day) (Year Contribution of Death Cause Was Death Contribution of Death Cause Was Death Contribution of Death Cause Was Death C	CONTRIBUTING ELATED TO THE GIT.  21B. PLACE OF hame, form, fo etc.)  Street  11:58Pm. WHILE AT Inquiry Inspect	INJURY (e.g., i ctory, street, a t Y OCCURRED AT WE Suicide	Yes n or about 21C, WHERE DID ffice bidg, INJURY OCCUR? In Front 21F, HOW DID IF ORK WHILE X Was shot opsy X and that on Homicide X CHIEF MEDICAL ASSISTANT MEDICAL	IN CERTIFYING CAN  Of 816 N. I  OJURY OCCUR?  In head  this basis, death in  Undetermined mont  EXAMINER    EXAMINER    EXAMINER    EXAMINER   EXAMINER   EXAMINER   EXAMINER   EXAMINER    EXAMINER	uses of de	Yes cotion)  reet  DATE SIGNED
DISEASES RISE TO T UN DERLY  OTHER SIG TO THE DISEASE G  19A. DATE G	GOR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REFORE CONDITION CAUSING OF OPERATION 198, CONWAS PER AL CAUSE WAS GROR CONTRIBUSE OF DEATH.  (Manih) (Day) (Year 12 3 166 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRIBUTING ELATED TO THE GIT.  21B. PLACE OF hame, form, fo etc.)  Street  11:58Pm. WHILE AT Inquiry Inspect	INJURY (e.g., i clory, street, a t voccurred Automotion	Yes n or about 21C, WHERE DID ffice bidg, NJURY OCCUR? In Front 21F, HOW DID IN OPSY Was shot OPSY OPSY CHIEF MEDICAL	IN CERTIFYING CAN  Of 816 N. I  OJURY OCCUR?  In head  this basis, death in  Undetermined mont  EXAMINER    EXAMINER    EXAMINER    EXAMINER   EXAMINER   EXAMINER   EXAMINER   EXAMINER    EXAMINER	uses of de	Yes Treet
DISEASES RISE TO T UN DERLY  OTHER SIG TO THE DISEASE OF 19A. DATE OF	GOR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REFORE CONDITION CAUSING OF OPERATION 198, CONWAS PER AL CAUSE WAS GROR CONTRIBUSE OF DEATH.  (Manth) (Day) (Year 12 3 166 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRIBUTING CONTRIBUTING CLATED TO THE GIT.  CONTRIBUTING CLATED CONTRIBUTING CLATED CONTRIBUTING CONTRIBUTION CO	INJURY (e.g., i ctory, street, o t y OCCURRED AT W. ian Aut. Suicide M.D.	Yes n or about 21°C. WHERE DID ffice bidg. INJURY OCCUR? In Front 21°F. HOW DID IN ORK WHILE X Was shot opsy X and that on Homicide X CHIEF MEDICAL ASSOCIATE MEDICAL	IN CERTIFYING CAN  Of 816 N. I  SURY OCCUR?  In head  this basis, death in  Undetermined mont  EXAMINER  EXAMINER  EXAMINER	uses of de	Yes creet  DATE SIGNED  12/5/66
DISEASES RISE TO T UNDERLY  OTHER SIG TO THE DISEASE ( 19A. DATE O  21A. EXTERN UNDERLYING UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22.  I ce resu  ACTUA SIGNA EXAMI NAME	GOR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITION LAST.  GRATH BUT NOT REOR CONDITION CAUSING OF OPERATION 198. COPERATION (PERATION)  AL CAUSE WAS PERATION (Peration) (Peration	CONTRIBUTING CONTRIBUTING CLATED TO THE GIT.  CONTRIBUTING CLATED CONTRIBUTING CLATED CONTRIBUTING CONTRIBUTION CO	INJURY (e.g., i clory, street, a t voccurred Automotion	Yes n or about 21°C. WHERE DID ffice bidg. INJURY OCCUR? In Front 21°F. HOW DID IN ORK WHILE X Was shot opsy X and that on Homicide X CHIEF MEDICAL ASSOCIATE MEDICAL	IN CERTIFYING CAN  Of 816 N. I  SURY OCCUR?  In head  this basis, death in  Undetermined mont  EXAMINER  EXAMINER  EXAMINER	uses of de	Yes creet  DATE SIGNED  12/5/66
DISEASES RISE TO T UNDERLY  OTHER SIG TO THE DISEASE OF 19A. DATE OF 1	GOR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITION LAST.  GRATH BUT NOT REFORE CONDITION CAUSING OF OPERATION 198. CONWAS PER LAC CAUSE WAS EMOR CONTRIBULED OF DEATH.  (Manih) (Day) (Year 12 3 166 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRIBUTING CONTRIBUTING CONTRIBUTING CLATED TO THE GIT.  21B. PLACE OF hame, farm, fo etc.)  21E. INJURY 11:58Pm. WHILE AT WORK  Inquiry Inspect Duses Accident  Courses Accident  Course Course  Presented  23C. NAME Course  23C	INJURY (e.g., i ctory, street, a t y OCCURRED  NOT WAT WAT WAT WAND.  T, M.D.  OF CEMETERY OF	Yes n or about 21°C. WHERE DID ffice bidg. INJURY OCCUR? In Front 21°F. HOW DID IF ORK WHILE X Was shot opsy X and that on Homicide X CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL CREMATORY 23°D	IN CERTIFYING CAN  (If in Baltimare City,  of 816 N. I  IJURY OCCUR?  In head  this basis, deoth In  Undetermined mont  EXAMINER  EXAMINER  EXAMINER  LOCATION  (Cit	give exact logive	Yes creet  DATE SIGNED  12/5/66
OTHER SIGNAL SAL BURIAL CREMOVAL (Spec	GOR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITION LAST.  GRATH BUT NOT REFORE CONDITION CAUSING OF OPERATION 198. CONWAS PER LAC CAUSE WAS EMOR CONTRIBULED OF DEATH.  (Manih) (Day) (Year 12 3 166 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRIBUTING CONTRIBUTING CONTRIBUTING CLATED TO THE GIT.  21B. PLACE OF hame, farm, fo etc.)  21E. INJURY 11:58Pm. WHILE AT WORK  Inquiry Inspect Duses Accident  Courses Accident  Course Course  Presented  23C. NAME Course  23C	INJURY (e.g., i ctory, street, a t y OCCURRED  NOT WAT WAT WAT WAND.  T, M.D.  OF CEMETERY OF	Yes n or about 21°C. WHERE DID ffice bidg. INJURY OCCUR? In Front 21°F. HOW DID IF ORK WHILE X Was shot opsy X and that on Homicide X CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL CREMATORY 23°D	IN CERTIFYING CAN  (If in Baltimare City,  of 816 N. I  IJURY OCCUR?  In head  this basis, deoth In  Undetermined mont  EXAMINER  EXAMINER  EXAMINER  LOCATION  (Cit	give exact logive	Yes cotion)  Treet  DATE SIGNED  12/5/66  county) (Slote)
DISEASES RISE TO T UNDERLY  OTHER SIG TO THE DISEASE OF	GOR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REFORE CONDITION CAUSING OF OPERATION 198, CONWAS PEI AL CAUSE WAS DESCRIBBLUSE OF DEATH.  (Manth) (Day) (Year 12 3 166 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRIBUTING CONTRIBUTING CLATED TO THE GIT.  PRORMED    218. PLACE OF home, form, for etc.   218. INJURY   218. INJURY   218. INJURY   218. INJURY   218. INJURY   11:58Pm. WHILE AT   WORK   218. INJURY   218. IN	INJURY (e.g., i ctory, street, o t Y OCCURRED Suicide M.D.  T, M.D.  AT WARY CE	Yes n or about 21C. WHERE DID ffice bidg. NJURY OCCUR? In Front 21F. HOW DID IN WHILE X Was shot opsy X and that on Homicide X CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL CREMATORY 23C. FUNERAL DIRECT	IN CERTIFYING CAN  (If in Baltimare City,  of 816 N. I  NJURY OCCUR?  in head  this basis, death In  Undetermined mont  EXAMINER  EXAMINER  EXAMINER  LOCATION  (Cit  A. Co., Mar  OR	give exact to  Bond St  my opinion  mer   y, town, or  yland	PATH? Yes Decotion)  Treet  DATE SIGNED  12/5/66  COUNTY) (Slote)
DISEASES RISE TO T UN DERLY  OTHER SIG TO THE DISEASE G  19A. DATE G  21A. EXTERN. UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22. I ce resu  ACTUA SIGNA EXAMI NAME  A. BURIAL CR EMOVAL (Spec	GOR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT REFORE CONDITION CAUSING OF OPERATION 198, CONWAS PEI AL CAUSE WAS DESCRIBBLUSE OF DEATH.  (Manth) (Day) (Year 12 3 166 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRIBUTING CONTRIBUTING CONTRIBUTING CLATED TO THE GIT.  21B. PLACE OF hame, farm, fo etc.)  21E. INJURY 11:58Pm. WHILE AT WORK  Inquiry Inspect Duses Accident  Courses Accident  Course Course  Presented  23C. NAME Course  23C	INJURY (e.g., i ctory, street, o t Y OCCURRED Suicide M.D.  T, M.D.  AT WARY CE	Yes n or about 21C. WHERE DID ffice bidg. NJURY OCCUR? In Front 21F. HOW DID IN WHILE X Was shot opsy X and that on Homicide X CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL CREMATORY 23C. FUNERAL DIRECT	IN CERTIFYING CAN  (If in Baltimare City,  of 816 N. I  IJURY OCCUR?  In head  this basis, deoth In  Undetermined mont  EXAMINER  EXAMINER  EXAMINER  LOCATION  (Cit	give exact to  Bond St  my opinion  mer   y, town, or  yland	PATH? Yes Decotion)  Treet  DATE SIGNED  12/5/66  COUNTY) (Slote)

baltunes, Harriand here, untothy Staylett 12 1 e. Majurant

Taraball Cones, Jr. 1735 Sarthard Con-

BIRTH	H NO.	66 1233	5	CERTIFICA	TE OF DEATH	Registered Na	66 12335	
1, NA	CASE NO.	ASED		CERTITICA		ND HOUR OF DEATH		
Туре	e or Print)	MARYM.E	BEL		DE	Cy 6. 196	6. 1:15	D. A
3. PL	ACE OF DEAT	H IN BALTIMORE, MAI	YLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If insti	itution: residence before odr	mssion
H	JLL NAME OF OSPITAL OR ISTITUTION	(If not in hospital a	or institution,	give street	MARYLAND (IF OR	utside city limits, write RU	RAL and give township)	
	3.5				BALTIMORE III	rural, give location?	6-07	
C	HURCH	HOME AN	D Hos	PITAL		XCA ST. #	21224,	
. SE			7. MARRIED, WIDOWED	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH		If Under 1 Yr. If Under	24 Hrs Min.
	USUAL OCCUP		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	HOUSE		AT	HOME	MARYLAND A			
(	GEORG	E IRELAN			REBECCA			
es,	/os Deceosed E no or unknown) (	ver in U. S. Armed Ford If yes, give wor or dotes	es? of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
	NO			216-07-7670A	HENRY C.EF	BEL	SAME	
1	18.41.00	01		CAUSE O			INTERVAL BETWEE	
N	OTHER SIGNIFI	obave cause (A) CONDITION last,	ONTRIBUTING					
	9A. DATE OF C	OPERATION 198. CONI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? IYes or N	20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?	
AL C	21 A. ACCIDENT OR CONTRIBUTI DEATH Inotify n	WAS UNDERLYING DING CAUSE OF	21 B. hom etc.	ne, form, foctory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimore	City, give exact location)	
5	21D. TIME I DF INJURY	Month) (Doy) (Year)		INJURY OCCURRED  ile At Not While tk At Work	21F. HOW DID IN	JURY OCCUR?		
2	22. I certify t	hat (1) (this hospital	attended t	he deceased from	NOV. 16	1966 to DE	C. 6 196	6
1	hat (1) (we) 1	ast saw the decease	d alive an	DEC. C		nat in(my) (aur) apini	an death accurred an t	
- 1	and hour and		ed abave. (I	l) (We) (did) (did nat) v	iew the bady ofter death.		DATE SIGNED	
	SA. SIGNATORI	4 Flat	-1	M.D. Atte	mding Med. Director	Stoff Phys.	7 2-6-5	6
12	NAME (Typ	Di. A.	E.S	apono ste	Clevel A	ue & Ang	RAP	
4A.	BURIAL CREM REMOVAL (Sp	ATION, 248 DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D, I	LOCATION (City,	, town, or county!	Stotel
	BURIA	12-10-	66. ME	EADOWRIDGE	CENETRY WA	SH. BLUD, + DOR	SEYRO.	MP
5A.	DATE REC'D B	FC 1 2 1966	P. D. PT	E Faileum	25C. FUNERAL DIRECTO	7 1 6224	EASTERNESAUE	
5 1	50-REV. 1/1/65	- V - V - I - V - V - V - V - V - V - V	MUNICIPALITY		7	JUNE	ro.,21224, M.	<i>V</i> -

PANGLERY BALTIMORE

> CHURCH HOME AND HOSPITAL THE WAY

> > GEORGE IRECAND

MARRIG'P

House wife

MARGLAND HALL

62 66-11-6

REBECCA GREEN

NO STEEL CARE NOT MAKE TO A SECUL

ALTERIOSCLEROTIC HRT. DIVERNE

2.2

\$58 S. PLACA ST. - DIE EL

J - 3780

gladitia in chiantani atali genera ya zilima nchezi zazi 🐫 - zizazi e 4

38 82-65-11 Toward Towards Morney Withman F -20 86 85 VM as in the contract the same of the same of the same

S-432 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered

d	Na.	66	12338

M.E. CASE NO.					
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD				
(Type or Print) VICTOR STEWART SLUTZKIN	December 6, 1966 6:20 P M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland				
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	Baltimore				
3502 W. Stratmore Avenue	D. STREET ADDRESS (If rurol, give location)				
O V	3502 W. Stratmore Avenue				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.				
Male White	E.D. 2. 1450 16				
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
done during most of working life, even if retired)	Both My WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
H	$\mathcal{L}$				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17 UNFORMANT ADDRESS				
(Yes, no or unknown (III fes, give wor or dotes of service) SECURITY NO.	V (0-48' 0				
NOV	Leone Slippin 3502 W. Stratlmore ave				
TIB. 7 7 7 - 1X CAUSE	OF DEATH ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH (A) Hangin	g				
(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.)	MARIE STATE OF THE				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
9					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
O WAS PERFORMED	Yes - Partial IN CERTIFYING CAUSES OF DEATH? Yes				
✓ 21A, EXTERNAL CAUSE WAS  O UNDERLYING FOR CONTRIB-  21B, PLACE OF INJURY (e.g., in home, form, foctory, street, o	in or about 21C, WHERE DID (If in Baltimore City, give exact location)  Iffice bldg, NJURY OCCUR?				
21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- to UTING CAUSE OF DEATH.  21B, PLACE OF INJURY (e.g., thome, form, foctory, street, of etc.)  HOME					
21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	3502 W. Stratmore Avenue				
12 0 00 100 Pm. WORK AT W	WHILE X Hung self				
22. I certify that I held an Inquiry Inspection P. Aut	apsy X and that an this basis, death in my apinian				
resulted fram: Matual causes Accident Suicide	Hamicide Undetermined manner				
	CHIEF MEDICAL EXAMINER				
ACTUAL MANAGEMENT	DATE SIGNED				
	ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S Rudiger Breitenecker M.D.	ASSOCIATE MEDICAL EXAMINER 12/7/66				
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY O	r CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
Busines 12/8/1966 Hebrew F	Energy Palt and				
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS				
2 7 2	10 6 4 . 4 . 1011- 3710 7				
DEC 12 1966 Robert E. Farleyma	O of whoras				
VS 151-REV. 1/1/65					

La constant de la con

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered No.
--------------------	----------------	----------------------

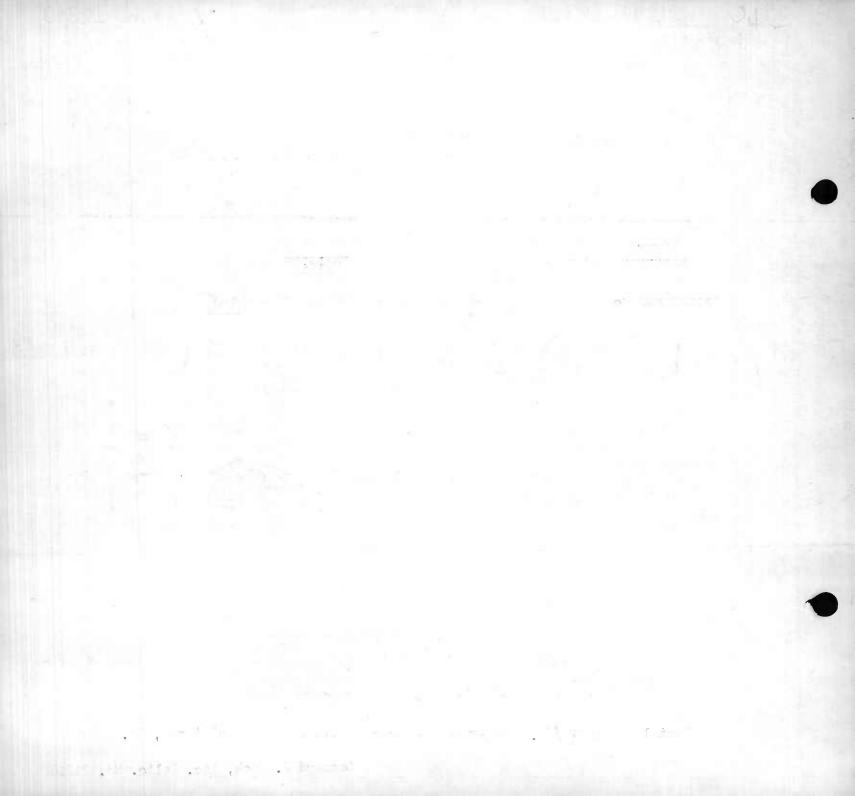
OIK!	110.		MILUI	CAL LA	AMIII TER 5 C	LICHICA	LOID	LATITUDE			
	E CASE NO.										
1. I (Ty)	NAME OF DEC	EASED					2. DATE AND	HOUR PRONOUNC	ED DEAD		
				WILLIAM	. BLOOM			er 8, 1966		4:00 P.	
3. P	LACE IN BALT	MORE, MARY	LAND, WI	HERE PRONOU	NCED DEAD	A. STATE		eceosed lived. If ins B. COI	titution: resi	idence before odmi	s sion)
FUL	L NAME OF	(IF NOT II	N HOSPITA	L OR INSTITU	TION, GIVE STREET		laryland		5115.4.1		
HO	SPITAL OR	ADDRESS	OR LOCA	TION)	TION, GIVE STREET			corporate limits, writ	e RURAL o	and give to waship)	
11	4						Baltimor		27-1	12	
L	Union	Memori	al Ho	spital	(DOA)	D. STREET ADDR	RESS (If rurol, (	give location)		)	
G	252							nt Club La			
5. \$	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	Н	9. AGE (In years lost birthdoy)	Months	Toys Hours	Hrs.
	Male	White		marri	ed	Sept. 6.	1902	64			
	USUAL OCCU					11. BIRTHPLACE	State or foreign	country)	12. CITI2	ZEN OF AT COUNTRY?	
	Juner-E			rical (	ontractor	Marylo	and		us	A	
13.1	ATHER'S NAM	E				14. MOTHER'S M	AIDEN NAME				
(	harles	Bloom	2			Marga	aret Le	entz			
	WAS DECEASE				16. SOCIAL SECURITY NO.	17. INFORMANT		-0	ADDRES	S	
(162		iii yes, give v	wor or gote:	of service)	212100106	51	C D1.				
	<i>no</i>	5.V			CAUSE	OF DEATH	y. Dio	om		INTERVAL BETW	EEN
	7-7	2//			CAOSE	OI DEATH				ONSET AND DE	
	DISEAS	E OR COND LEADING TO		RECTLY	Hypert	ensive and	arteri	osclerotic			
	heart failure.	ot meon the osthenio, etc. aplication whic	It meons	the diseose.	* SEX POR	cardiovas		*****************		•••••••••	******
		NTECEDENT			(B)	• • • • • • • • • • • • • • • • • • • •		***************************************			
	RISE TO THE	OR CONDITION	JSE (A) ST		DUE TO						
7	UNDERLYIN	G CONDITIO	ON LAST.		(C)						
ō		li li									
\A		IIFICANT COL		CONTRIBUTIN							
IFIC		CONDITION		ATED TO TH	₹E						
CERTIFICATION		Committee of the Commit	19B. CON	DITION FOR V	VHICH OPERATION			OB. IF YES, WERE F			
	0		WAS PERF	ORMED		No	1	N CERTIFYING CAU	SES OF D	EATH?	
EDICAL	21 A. EXTERNAL			21 B. 1	form, foctory, street, of	in or obout 21 C. V	WHERE DID (II	in Boltimore City, g	ive exoct	locotion)	
ŏ	UTING CAU	SE OF DEATH		etc.)	toliti, locioty, sileet, c	ince sing, 1143 OK1	OCCOR:				
Σ	21D TIME	(Month) (D	oy) (Year	(Hour) 21	E. INJURY OCCURRED	21 F. H.C	INTRI DID MC	Y OCCUR?			
	(APPROX.)			W	HILE AT NOT	WHILE					
	22.			m. W	ORK AT W	ORK L					
		ify that I he	ld on Ir	nquiry	Inspection X Aut	opsy	that on this	bosis, death In	my opinic	on	
	result	red from: No		ses X A	ccident Suicid	e Homici	de 🗌 Ui	ndetermined monn	ier		
		13		1	C. 2	CHIEF M	EDICAL EXA	AMINER .		DATE SIGNE	ED.
	SIGNATI	IKE C	larl	8 1.0	sight M.D.	ASSISTANT M	EDICAL EXA	AMINER X		DATE STORE	
	EXAMIN	Ch	arles	S. Spri	ngate, M.D.	ASSOCIATE M	EDICAL EX	AMINER D	ecembe	r 9, 1966	
	NAME (1	Гуре)									
	AOVAL (Specify		DATE	230	C. NAME of CEMETERY	CREMATORY			y, town, or	county) (Stot	e)
1	purial	1	2-12-	66 1	Janeland Ma	m. Panh	Ba	ltimore,	Md.		
_	DATE REC'D	BY HEALTH	DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER.	AL DIRECTOR			ADDRESS	
1	DEC 12	1000	0 6	CITA	2. 41			Ruck Inc	Roll	imana A	11
	DEG 10	1900 ()[	July	C. COM	Several	Leona	ica jo	TUCK SILC	Dan	Milosce, 11	ICL.

Abide to the section of the design of

IMPORTAN

DIRECTOR:

FUNERAL



66 123	241	BALTIMORE CITY	HEALTH DEPARTMENT	0/	66 12341
BIRTH NO.	), E.T.	CERTIFICA	TE OF DEATH	Registered Na	00 15011
1. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE A	ESSE 7	ELISON	14. USUAL RESIDENCE (Wher	-8-6	6 1015 AM
FULL NAME OF (If not in hospit	ol or institution, give	street	A. USUAL RESIDENCE (Where A. STATE B. COUN	72.11	stitution: residence before admission:
HOSPITAL OR oddress or loco	tion)		18-11		URAL and give township)
Union Men	norial X	ospital		HARTUR.	1 81.
MAle White	Wid	OWEG (specily)	3/1/94	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of widons during most of working life, even if refire Retired to the same at the Retired to the same at t	d)	ISINESS OR INDUSTRY	11, BIRTHPLAGE (State or fore)	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	D		14. MOTHER'S MAIDEN NAM	AE .	
5. Was Deceased Ever in U. S. Armed		SOCIAL	FANNIE E	. Steven	ADDRESS A . I .
Yes, no or unknown) (II yes, give wor or d	otes of service) 21	LISE CHRITYSHOTO	12:11: F1	Beauch	7010 HRION
18. /63 X I		CAUSE O	DEATH	3.CUW 70	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT		(A) Lu	y Mouns	20 to	
(This does not meon the mode heart foilure, asthenia, etc. It mea injury at complication which cous	ns the disease,	DUE TO	1	long	
ANTECEDENT CAUS		(B)	/	1	
DISEASES OR CONDITIONS, in		(C)		4	
UNDERLYING CONDITION lost.				02	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSIN	ELATED TO THE				
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PL home, etc.)	ACE OF INJURY (e.g., in lorm, foctory, street, of	or obou 21C. WHERE DID	(If in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Yes		JURY OCCURRED  At Not While	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While	At Work			
22. I certify that (#) (this haspi	tal) attended the		11	9 66 ta	2 - 8 1966
that (*) (we) last saw the decea		12-8		at in (🛶 (aur) apir	nian death occurred an the da
and hour and from the causes s	rated alrove. (1)	We) (did) (did ) v	iew the bady after death.		23B, DATE SIGNED
Peter KVa	la-	M.D. Atte	nding Med.	Stoff Phys.	12-8-66
JOHN R. VAUGHA	N ID		THE UNION MEI		
24A. BURIAL CREMATION, 24B. DATE		M.D. E of CEMETERY of CRE			
REMOVAL (Specily) 12/12/		and Memorial		Baltimo:	re, Md. (Stole)
DEC 12 1966 ()	25B. NAME OF	and the second s	Leonard, J. Ru		ADDRESS lto. Md. 21214
VS 150-REV. 1/1/65				-	

Voucent Homeant House's SECH HARford 10 Male White Widowed 55 NO/1/8 Maryland JAMES FRANCE Brewn FANNE E Stevens Extreme William E Berun Si and there so he TAL ESTIMATE TALE DE LINE SHILL Canacal V. Supp., Dire, haller, 12. Cristin

FUNERAL DIRECTOR: IMPORTANT

66 12342	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 10010			
BIKIH NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 17 15			
M.E. CASE NO.	Hartman	2 DATE	AND HOUR OF DEATH				
Type or Print)	-		Cec 8 1961	1,00/0			
PLACE OF DEATH IN BALTIMORE, MARYLAND	amore	4. USUAL RESIDENCE (W		Julion: residence before admission			
		A. STATE Md. B. COL		none jestosites octors admaga			
FULL NAME OF (If not in hospital or institu	itian, give street	PIQ.		77-17			
37 Mexey Hospital		C. CITY OR TOWN (If outside city limits, write RURA and live to diship)  2705 / La / C / On Que.  D. STREET ADDRESS (If rural, give location)					
					Battimore, md.		
					SEX 6. RACE 7. MAR	RRIED, NEVER MARRIED	B. DATE OF BIRTH
		WIDOWED, DIVORCED (specify)		1-19-90	9. AGE (In years lost birthday)	Months Doys Hours Min	
DA. USUAL OCCUPATION (Give kind of work 10 B, KIN		111 PIPTUPI ACE (State on to	68	12 CITITEN OF			
ne during most of working life, even if retired)		11. BIRTHPLACE (State or fo	,	12. CITIZEN OF WHAT COUNTRY?			
Clerk Ret. B.& O. R.R.		Batti	Md.	11 SA.			
FATHERS NAME		14. MOTHER'S MAIDEN N	AME	06.371			
Fred Wart	1.0 6.10	100	0/1	0			
		Mary	Schaf	+ + +			
5. Was Deceased Ever in U. S. Armed Farces? es,nargrunknown) (II yes, give wor or dates of sen	1 6. SOCIAL SECURITY NO.	17- INFORMANT	1.7	ADDRESS			
NO .	The second second second	Mrs. Recci	C. Hartman	como			
18. 11. 12. 12. 14. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	705-05-3092 CAUSE C	OF DEATH	o nar char	Same			
42011	Chost C	A S		ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ca	rdiac insul	-C	1			
(This does not mean the made of dying,	(A) CA	wice then	Mclency	days			
heart foilure, osthenio, etc. II means the dis	ease,	x *0	-				
injury or camplication which caused death,)	Mu	ocardial	la Franting	2 weeks			
ANTECEDENT CAUSES	DUE TO		Carl go C Coa at				
DISEASES OR CONDITIONS, if any, g	iving	1		1400.00			
rise to the above couse (A) stating the UNDERLYING CONDITION tost.			01)	Jear)			
				V			
OTHER SIGNIFICANT CONDITIONS CONTRIB	IITING .						
TO THE DEATH BUT NOT RELATED TO		tes Mellit	7,5	cha a La			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or		IDINGS CONSIDERS			
19A, DATE OF OPERATION 19E. CONDITION WAS PERFORMED		ULA.	No) 208. IF YES, WERE FIN	SES OF DEATH?			
			Je	U			
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, lorm, foctory, street, c	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltinfore	City, give exact location)			
DEATH (notify medical examiner)	etc.)						
21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?				
OF INJURY	White At Not Whi						
(APPROX.)	Work Al Work		4.4				
22. I certify that (I) (this hospital) attend	ded the deceosed fram	NOV. 221	19 66 to 1) e	C. 8, 19 6			
that (1) (we) lost saw the deceased alive	on Dec 8	19 6 6 and		on death accurred an the			
				on death decorred an ine			
and haur ond from the causes stated oba	ve. (17 (We) (did) (did not)	view the bady after death					
23A. SIGNATURE				3B. DATE SIGNED			
Richard D. X	hugg M.D. Att	ending Med. Director	Stoff Phys. 2	12/8/66			
23C. PHYSICIAN'S		23D. ADDRESS					
NAME (Type)	· sh	man 11	- X-1				
rickers Pan	ud dagan M.D.	may f	repular				
4A. BURIAL CREMATION, 248, DATE 2. REMOVAL (Specify)	4C. NAME OF CEMETERY OF CR	EMATORY (24D.		town, or county)   IState			
Burial 12/12/66.	Parkwood Ce	meterv	Baltimore,	Md.			
	ME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS			
	2 A C I D						
DEC 12 1966 (R.	sent E. Tankey Mill	Leonard J.	nuck inc. Ba.	Lto. Md.			
\$ 150-REV. 1/1/65							

nistrati i refit

B. Bardenston A. Lancold Then the man I The Chief Colonian Till to 1 all to

1. NAME OF DE	CEASED		PORTER		2. DATE AND HO December	ur Pronounc c 8, 1966		1:20 A
3. PLACE IN BAI	TIMORE, MARYLAND,	WHERE PRONOL	JNCED DEAD	4. USUAL RESID				nce before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOW	yland N fif outside corpo timore			
Si Si	nai Hospital			D. STREET ADDR	ESS (If turol, give to 5 Pimlico			
5. SEX Female	6. RACE Negro		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9.	AGE (In years st birthday)		Yı. If Under 24 Hıs oys Hours Min.
lane during most of	CUPATION (Give kind of wo working life, even if retired)		BUSINESS OR INDUSTR	Balt: no	State or foreign cour			OF COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S MA	AIDEN NAME			
15. WAS DECEAS (Yes, no or unknow	ED EVER IN U.S. ARME	D FORCES? tes of service)	SECURITY NO.	17. INFORMANT			ADDRESS	
18.								ITERNAL DETINETAL
(This does he of foilure in jury or continuous of the original origi	ANTECEDENT · CAUSE OR CONDITION DEAT not meon the mode or complication which caused ANTECEDENT · CAUSE OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST.	H of dying, e.g., is the discose, I death.)  ES ANY, GIVING STATING THE	(A) Massi	e Of DEATH  ve Subarac  re of Cong  e of Willi	enital Ane		C	NTERVAL BETWEEN NSET AND DEATH
(This does heart foilur injury or continue of the continue of	LEADING TO DEAT not meon the mode of posterior, etc. It meon posterior which coused  ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST.  III GNIFICANT CONDITION: DEATH BUT NOT R OR CONDITION CAUSIN	H  of dying, e.g., s the disease, death.)  ES  ANY, GIMING STATING THE  .  S CONTRIBUTIN ELATED TO T IG IT.	(A) Massi DUE TO  (B) Ruptu: RXXXX CIrcl	ve Subarac re of Cong e of Willi	enital And	eurysm of	=	NSET AND DEATH
OTHER SICTORY OF THE DISEASE OF THE	LEADING TO DEAT  not meen the mode of control of the course  ANTECEPENT CAUSI  OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAST.  BONIFICANT CONDITION TO THE CONDITION CAUSI  OR CONDITION CAUSING CAUSING	H  of dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  S CONTRIBUTIN ELATED TO T IG IT.  NDITION FOR V REFORMED	(A) Massi DUE TO  (B) Ruptu:  RWX KX  Circl  (C)  (C)  NG  HE	ve Subaracere of Conge of Willi	enital And S. (Yes or No) 208. I	eurysm of	NDINGS COI	VSIDERED Yes
OTHER SICO THE DISEASE OF THE DISEAS	LEADING TO DEAT  not meon the mode of constant of the coused  ANTECEDENT CAUSE  OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAST.  III  GNIFICANT CONDITION: DEATH BUT NOT ROR CONDITION CAUSIN  F OPERATION 19B. CO	H  of dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  S CONTRIBUTIN ELATED TO T IG IT. NOTITION FOR V RFORMED	(A) Massi DUE TO  (B) Ruptu: RXXXX CIrcl	ve Subaracere of Conge of Willi	enital And s.  (Yes of No) 208.   IN Cl S HERE DID (If in E	eurysm of	NDINGS COI	VSIDERED Yes
CThis does heart foilure injury of control of the c	LEADING TO DEAT  not meen the mode council to the c	of dying, e.g., is the discose, is death.)  ES ANY, GIVING STATING THE  S CONTRIBUTING THE  LATED TO T IG IT.  REFORMED  21 B. hame. etc.)  an) (Hour) 2	(A) Massi DUE TO  (B) Ruptu: RECEASE (CIrcle (C)	ve Subaracere of Conge of Willi	enital And s.  (Yes of No) 208.   IN Cl S HERE DID (If in E	eurysm of	NDINGS COI	VSIDERED Yes
OTHER SIGNAL DATE OF INJURY (APPROX.)  22. I ce	LEADING TO DEAT not mean the mode of control of the course	Hof dying, e.g., she disease, a the disease, a death.)  ES ANY, GIVING STATING THE  S CONTRIBUTING THE  C S CONTRIBUTING THE  S CONTRIBUTING THE  C S CONTRIBUTING THE  C S CONTRIBUTING THE  S CONTRIBUTING THE  C S CONTRIBUTING THE  C S CONTRIBUTING THE  S CONTRIBUTING THE  C S CONTRIBUTING THE  S CONTRIBUTING THE  L S CONTRIBUTING THE  C S CONTRIBUTING THE  S CONTRIBUTING THE  L S C CONTRIBUTING THE  L S C C C C C C C C C C C C C C C C C C	(A) Massi DUE TO  (B) Ruptu: RECENT (CITC) (C) (CITC) (C) (CITC) (C) (CITC) (CI	ve Subarac re of Cong e of Willi  20A. AUTOPSY: Ye in or obout 21C. W office bldg, INJURY VORK  WHILE VORK and	enital Ane S.  (Yes or No) 208. I IN CI S HERE DID (If in E OCCUR?	EURYSM OF	NDINGS COI SES OF DEAT	VSIDERED Yes
OTHER SIGNAL DATE OF INJURY (APPROX.)  22. I ce	ANTECEDENT · CAUSON OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAST.  BISTORY CONDITION CAUSON OR CONDITION CAUSON OR CONDITION LAST.  BISTORY CONDITION CAUSON OR CONDITION CAUSON OR CONTRIBUSE OF DEATH.  (Month) (Doy) (Yestify that I held an olded fram: Natural cause was cause was condition causin the condition of the condition cause of Death.	H  of dying, e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  S CONTRIBUTIN ELATED TO T IG IT.  NOTION FOR V RFORMED  21 B. home, etc.)  or) (Hour) 2  m. V	(A) Massi DUE TO  (B) Ruptu: RECENT CITCL  (C) CITCL  (	ve Subarace re of Cong e of Willi  20A, AUTOPSYS Ye in al obout 21C. W office bldg., INJURY 21F, HC WHILE VORK CHIEF MI ASSISTANT MI	enital Ane S.  (Yes or No) 208, in No Cl S HERE DID (Iff in E OCCUR?  That on this bas de Under	EURYSM of  FYES, WERE FILE  ERTIFYING CAU:  Boltimore City, gi  CCUR?  Sis, death In n  ermined manner  HER MER	NDINGS COI SES OF DEAT Ve exact lace	NSET AND DEATH

Almoration of the

		66 19 85		BALTIMORE CIT	Y HEALTH DEPARTMENT	1	66 12345 6
	E CASE NO.	15912		CERTIFICA	TE OF DEATH	Registered Na.	00 12040
1.	NAME OF DECE	VALCOUR	r, MARY	JOE		ND HOUR OF DEATH	1:15P M
3.	PLACE OF DEA	TH IN BALTIMORE, MA		uve street	4. USUAL RESIDENCE (WHA. STATE B. COU		stitution: residence before odmission)
	HOSPITAL OR	ES HOSPITAL	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C. CITY OR TOWN (IF &	utside city limits, write	RURAL ond give township)
	40					rurol, give tocotion)  RVIEW DRIVE	
	SEX FEMALE	6. RACE WHITE	7. MARRIED, WIDOWED NEVER	NEVER MARRIED  DIVORCED (specify)  MARRIED	B. DATE OF BIRTH 6-10-65	9. AGE (In years lost birthday)/2	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		PATION (Give kind of work vorking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	CHILD	A.F.	101	IE .	MARYLAND	AM F	USA
		VALCOURT			MARY (SMIT		RT
1.5. (Y	. Was Deceased es, no or unknown)	Ever in U. S. Armed For- (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	МО			NONE	HOSP. SLIP/	ST. AGNES	HOSPITAL
NO	nise to the UNDERLYING	R CONDITIONS, if above cause (A) CONDITION lost.	Stating the ONTRIBUTING		Levere Au	euriq	
NOITE OFFICE	19A. DATE OF	OPERATION 19B. CON WAS PERF	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	21 B. hometc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	e City, give exoct location)
AAFDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  Not Wh At Work		JURY OCCUR?	
	22. I certify that (I) (X)	that (1) (th <b>XsXhXsXiXs)</b> Xost saw the decease	to alive an	e deceased from 1.2 ECEMBER 9,	/9/66 9:30A	.19 .66taDEC hat in(my) (aur) api	9,66 1:15P1966
	and haur and		ed abaveX(I		view the bady after death.		23B. DATE SIGNED
	23C. PHYSICIAI NAME (Ty REYN	p(f)	MAN		lending Med. Director 23D. ADDRESS	Shoff Phys.	Harrital
24	A. BURIAL CREA	MATION, 248. DATE	24C, NA	ME of CEMETERY of CI			ity/town, or county) (State)
25	BURTA	AL 12/11/ BY HEALTH DEPT.	66 ST	AUGUSTINES F REGISTRAR	CEMETERY I		WARD CO., MD.
		- 13 1000	DO B	9 Fallman	HOWARD H. HUI		
VS	150-REV 1/1/6	17 1700	Ulacara				

THE SECOND SECON

51 D FU D IT 13

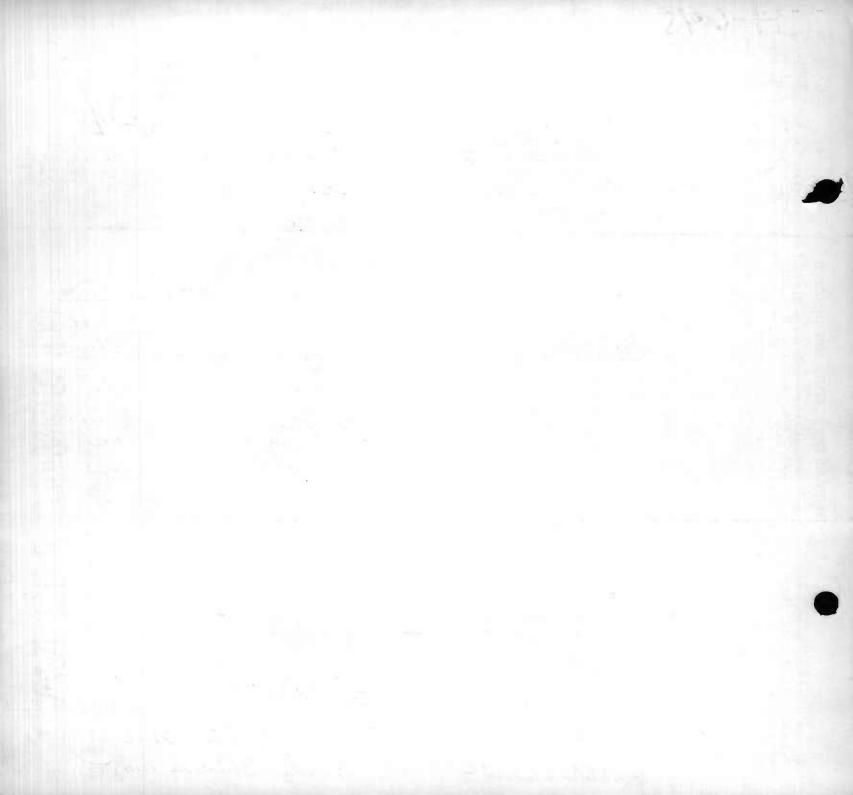
E- - Flava Elsa Byles Latev

In the or Complete York Transport 198 Aug.

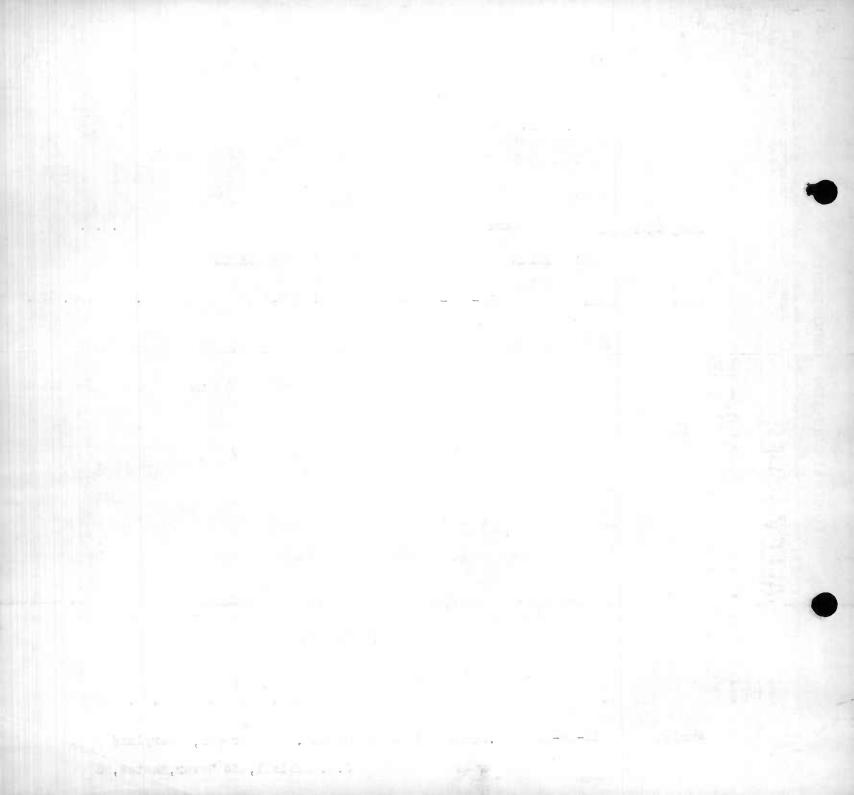
White St. Edit . Taking . Add.

Litteria I.

A PAR LO SEPARE



36	66 123	47	CITY HEALTH DEPARTMEN		66 12347
M.E. CASE NO.	V -	CERTIFI	ICATE OF DEAT	H Registered N	lo
1. NAME OF D (Type or Print)		Pinder	2. DA	TE AND HOUR OF DEA	TH 6.45- 1
3. PLACE OF E	DEATH IN BALTIMORE, MA			(Where deceased lived.	If institution: residence before admissi
FULL NAME		or institution, give street	MARYLAND	COUNTY	
HOSPITAL O		Try Hospitals	BALT IMORE	(If outside city limits, wr	ite RURAL and give township!
31	4940 EASTER		D. STREET ADDRESS 1122 MYRT	(If rurol, give location)	201
5. S EX	BALTIMORE,	MARYLAND 21224	B. DATE OF BIRTH		
MALE	NEGRO	WIDOWED, DIVORCED (speci		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hours Min
done during most	CCUPATION (Give kind of work of working life, even if retired)	None	USTRY 11. BIRTHPLACE (Stote of MARYLAND	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N		NDER	14. MOTHER'S MAIDER		
Yes, no or unkno	ed Ever in U. S. Armed For wall (If yes, give war ar date	es of service) SECURITY NO.	17. INFORMANT	/Q/O Factory	ADDRESS AVe.Balto,Md.2122
None	None	217- 09- 7346		,4740 Bastell	
DISE	ASE OR CONDITION DI LEADING TO DEATH		OLLF		INTERVAL BETWEEN ONSET AND DEATH
(This does	nal meon the made of	dying, e.g., (A)	0 0///		71110
heart failur	re, asthenia, etc. 11 means complication which coused	the diseose,	Cheumatre He	Kent Meers	Indoler num
	ANTECEDENT CAUSES	(8)			
	OR CONDITIONS, if the obave cause (A)		1		
	NG CONDITION Iosi.	(0)		0000000md00000000mmmmm00000mmmmmmmmmmm	xx vv xx vv x hv <b>0</b> x0 00 x x 00 00 x xx 00 00 00 00 00 00 0
E TO THE	SNIFICANT CONDITIONS CONTROL OF THE PROPERTY O	ATED TO THE	Daundice	7)	Bweeks
	OF OPERATION 198. CONWAS PER	DITION FOR WHICH OPERATION	/20A. AUTOPSY? (Yes	or Not 208. IF YES, WE	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING   IBUTING   CAUSE OF tify medical examined		(e.g., in or obout 21C. WHERE I eet, affice bldg., INJURY OCCI		more City, give exact location)
21D. TIME OF INJURY	(Month) (Doyl (Year)	While At No	D 21 F. HOW DI	D INJURY OCCUR?	
22. 1 certi	ify that W (this hospita	1) ottended the deceased from		19 lala 10	12-7 19 6
	(e) lost sow the deceose	12 /	'' //	7	opinion deoth occurred on the
/		ted abave. (1) (We) (did) (did			
23A. SIGN	_ /			_	23B. DATE SIGNED
ph	artel 111	MILLOSOLYEL M.D	Attending Med. Phys. Director	Stoff Phys.	12-7-66
23C. PHYSIC		EVICH			HOSPITALS LTO.MD. 21224
24A. BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETERY		4D. LOCATION	(City, town, or county) (State
Buriel	12-16-1				
	D BY HEALTH DEPT.	966 St. James Me the	25C. FUNERAL DIR	Sherwood,	Maryland
		Rlub & Farley	MA J.B.Dashie	ell,426 Dever	
10 100 000	UF1, LG 1300	The service of depote	K		,



eceased

VS 150-REV. 1/1/65

0.0

OS

3 O

he body

shows:

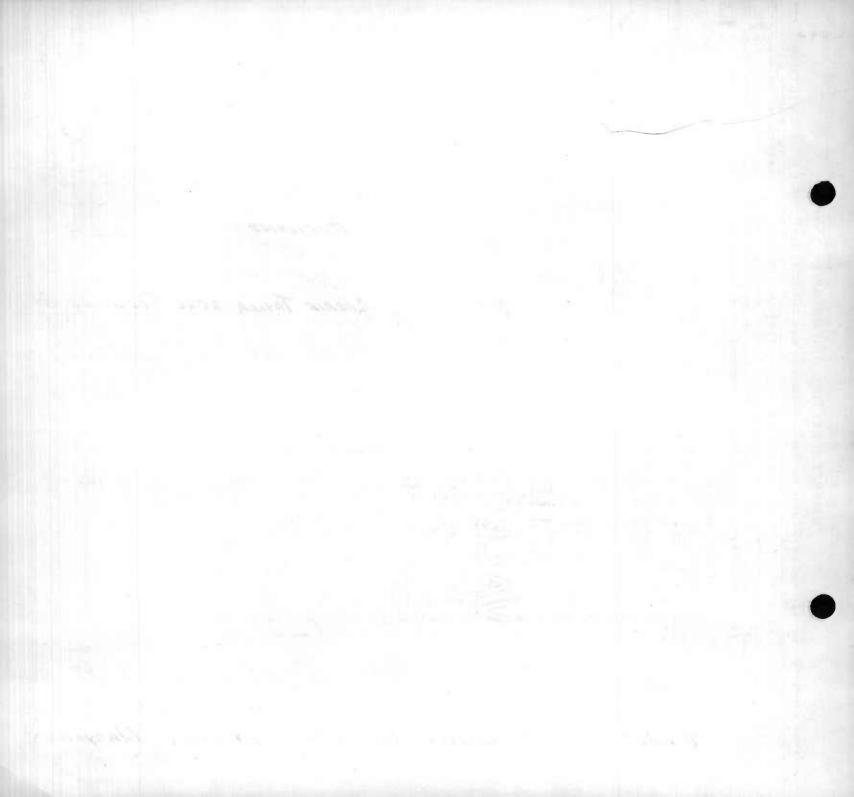
Such

Deceased death

cause

ance

BALTIMORE CITY HEALTH DEPARTMENT 66 12348 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. STATE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR Fayette Convalescent Home limits, write RURAL and give townshipt outside city INSTITUTION 1105 E Fayette St 21202 (If rural, give location SOUTY is mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In If Under 1 Yr. Months: Days 6. RACE If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours 60 WILDOW 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most at warking life, even if retired) 21.5. A. MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Farce ADDRESS 17. INFORMAN 6. SOCIAL final (Yes, no ar unknown)(Iff yes, give war or dates of service) SECURITY NO. LEESBURY CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO the remains are DISEASES OR CONDITIONS, if any, giving to the obove cause (A) stating the (C) UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? no before 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact location) DEATH (natify medical examiner) obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) Wark At Work 22. I certify that (1) (this hospital) attended the deceased from Dee that (1) (we) last sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff Director written approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY or county) REMOVAL (Specify) 12-13-66 164 BURIAL 25A. DATE REC'D BY MEALTH DETIGO UNERAL DIRECTOR



BIRTH NO.

(Type or Print)

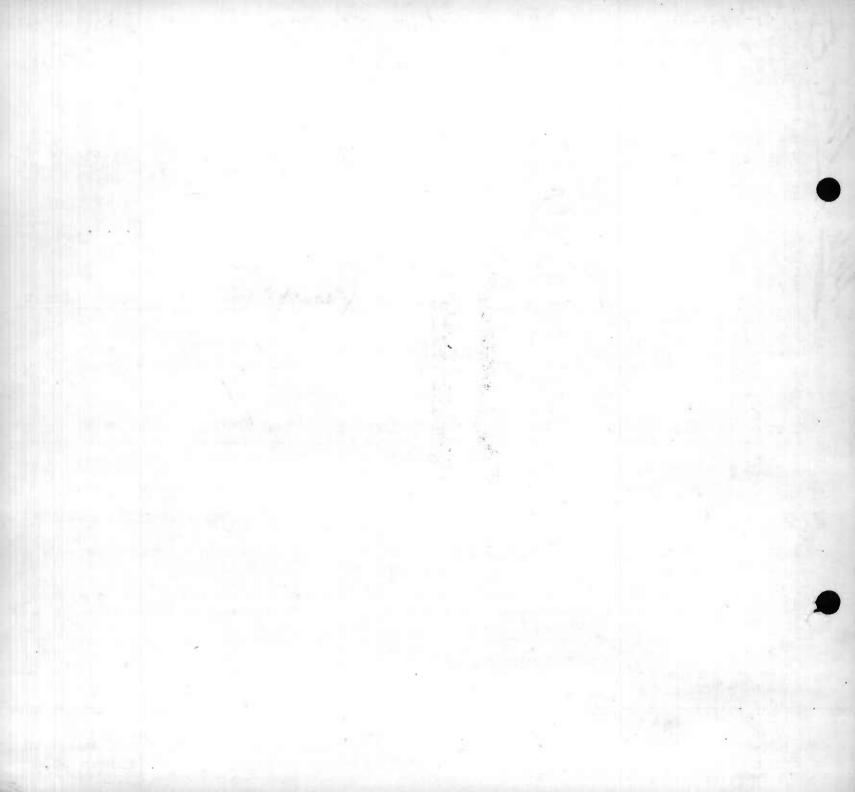
M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 10 RESIDENCE (Where deceased lived, If institution: residence B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RUKAL and give township BALTIMORE D. STREET ADDRESS (If rurol, give location) #21217 1526 N. CAREY ST. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours lost birthdoy Single 1-9-10 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND USA 14. MOTHER'S MAIDEN NAME

3. PLACE OF DEATH IN BALTIMORE (If not in hospital or institulian, give street FULL NAME OF HOSPITAL OR address or location) INSTITUTION BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND #21224 5. SEX Negro 10A, USUAL OCCUPATION (GI ve kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHERS NAME Albert Saunders Martha 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. RECORDS\_BCH\_4940 EASTERN CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF VES 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes ar No) 198. CONDITION FOR WHICH OPERATION WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 0 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, form, foctory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exoct locotion) MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram 1966 that (1) (we) last saw the deceased alive an. and that in (my) (out) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED De 1966 Attending Med. Director Phys. Phys. 23C. PHYSICIAN'S 23D. ADDRESS #21224 NAME (Type)

A. Raine M.D. BCH-4940 AVENUE, BALTIMORE, MD. Jr. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) 12-14-66 Arbutus Mem. Arbutus Marvland 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR George G. Kelson 1348 N. Calhoun St. VS 150-REV. 1/1/65

, hound sulmas Land To the state of 11 000 F-91 600 Q



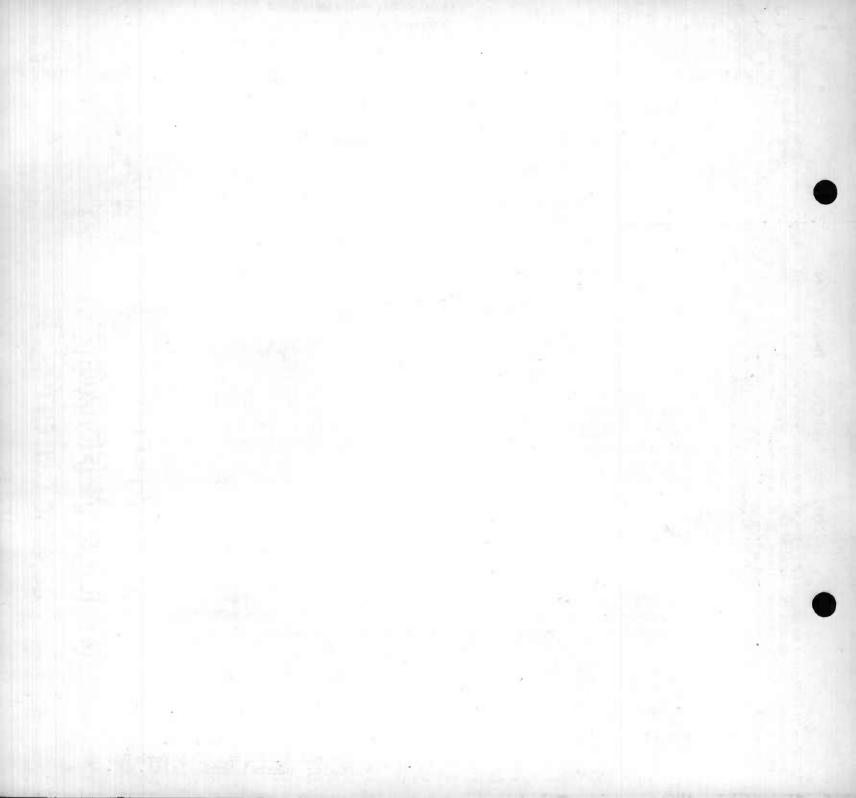
MEDICAL	 CERTIFICATE	OF	DEATH Regi	stered No. 66	1235
				NACE BLAD	

M.E. CASE NO.	ACCE				2. DATE AND HOUR PRONOUN	CED DEAD
Type or Print)			CAN	TOFOC		
DI ACC IN CALTIA	LINDEN	L. L		NDERS	December 7, 1	
S. PLACE IN BALTIN	MORE, MARYLAND, W	HERE PRONO	JNCED DEAD	A. STATE	ESIDENCE (Where deceased lived, 11 in B. CC	DUNTY
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C CITY OF	Maryland TOWN (Il outside corparate dimits, w	ita PIIPAL and give township)
OSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITT OR	TOWN (III buiside culpulole mains, 199	NO KAL GITS GIVE TO WITS HIP
took					Baltimore	1-10
Sinai H	ospital			D. STREET	ADDRESS (If rurol, give location)	,
					3312 St. Ambrose Av	
. SEX	. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF	BIRTH 9. AGE (In year lost birthdoy)	Manths, Doys, Hours, Min.
Male	White	Widon		Nov. 1		
		k TOB. KIND O	BUSINESS OR INDUS	TRY 11. BIRTHPL	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Financi	orking life, even if retired)	Loan I	Business	Balt:	more, Md.	WHAT COUNTRY
3. FATHER'S NAME			1000		S MAIDEN NAME	
	Albert	Leigh S	Sanders		Carrie Towse	and
5. WAS DECEASED	EVER IN U.S. ARMED		16. SOCIAL	17. INFORM		ADDRESS
es, no or unknown)	tl yes, give wor or dote	es ol service)	212-09-3262	Mm O	akley L. Sanders, 33	112 St Ambross Av
yes	W #1		212-07-)202	Mr. U	artey I. Danders, )	DE DU AMDIOSE AV
1B.	12:4		CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE	OR CONDITION D	RECTLY				
	LEADING TO DEATH		(A) Mul	tiple Tra	umatic Injuries.	
heart failure,	of meon the mode of asthenio, etc. It meon	s the disease.	DUE TO			
injury or com	plication which caused	death.)				
AN	TECEDENT CAUSE	S				
DISEASES O	R CONDITIONS, IF	ANY, GIVING	DUE TO			
	ABOVE CAUSE (A) S G CONDITION LAST.					
			(C)			
OTHER SIGNI TO THE D DISEASE OR	II					
OTHER SIGN	FICANT CONDITIONS					
DISEASE OR	CONDITION CAUSING		HE			
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUT	OPSY? (Yes or No.) 208, IF YES, WERE	
	WAS PE	RFORMED		1	es IN CERTIFYING CA	Yes
21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.	g., in or obout 2	C. WHERE DID (If in Boltimore City, JURY OCCUR?	give exoct lacation)
UTING CAUS	E OF DEATH.	etc.)				
5	/		Street		Reisterstown Rd., S.	
OF INJURY	(Manth) (Day) (Yea		21E, INJURY OCCURRE		Pedestrian struck b	27-18
(APPROX.)	12 7 6	6 P	WHILE AT NO	WORK X	Pedestrian struck b	y auto.
22.	( .1					
	fy that I held on			Autopsy	ond that an this basis, deoth Ir	
resulte	ed from: Natural co	uses	Accident X Suic	-	micide Undetermined mor	nner
	01		//	CHIE	F MEDICAL EXAMINER	DATE SIGNED
SIGNATU	DE Who	eles !	Pallis 4	A ASSISTAN	T MEDICAL EXAMINER X	
EXAMINE	enic .		1		E MEDICAL EXAMINER	12/8/66
NAME (T	ype) Charl	es S. Pe				
3A. BURIAL CREN EMOVAL (Specify)			C. NAME of CEMETER		the second secon	ity, town, ar caunty) (State)
Cremat	ion   12/10/		Greenmount C		Baltimore, Mo	
4A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. El	NERAL DIRECTOR	ADDRESS
				6.	Jernon Lemmon 461	L rark heights Ave
	BEA 19 100	ald a	C. T. D.	an In	0	
S 151-REV. 1/1/6	2×50 = 100	م المحاود	in an amount	19.45		

otte vol large v Timeseast to the deal was being as a particular to the second of the sec the sign and the country of the control of the cont . M. . - See 1714 Com rest Administration & Com rest AND RESIDENCE PROFILED AND ADDRESS OF STREET, NAME OF STREET,

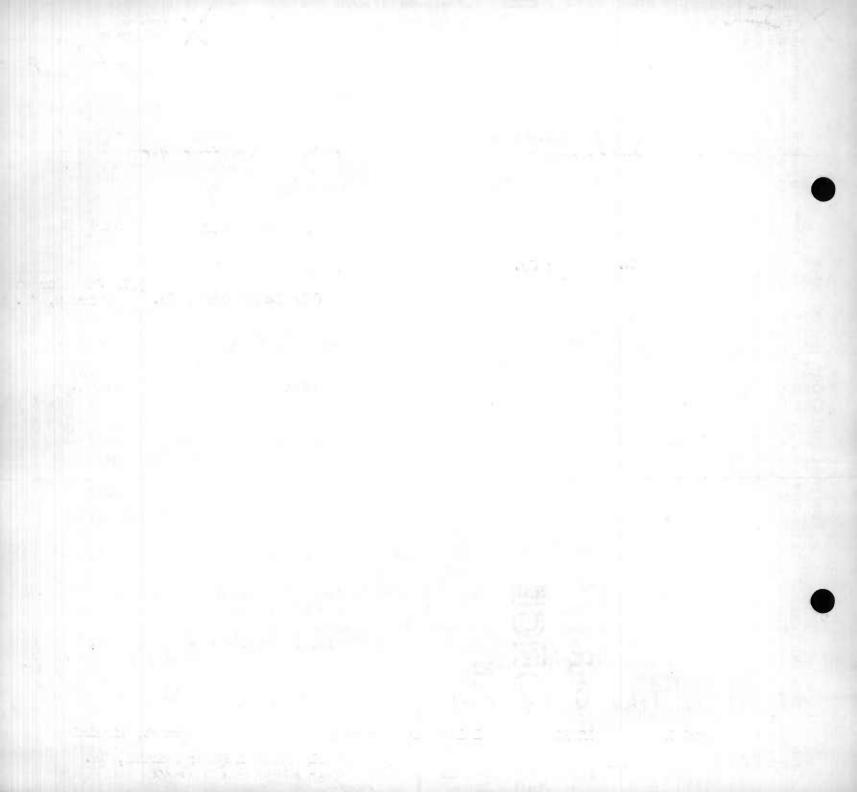
**FUNERAL DIRECTOR: IMPORTANT** 

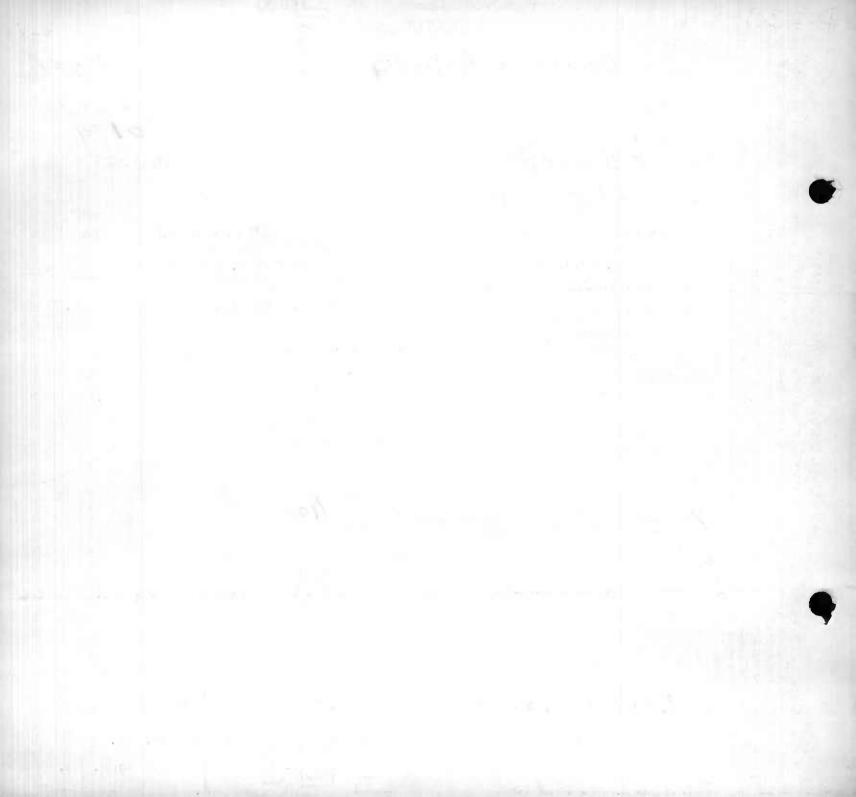
	00 40050	BALTIMORE CITY	HEALTH DEPARTMENT		00 40000
BIR	тн но. 66 12352	CERTIFICA	TE OF DEATH	Registered Na	66 12352
	E. CASE NO. NAME OF DECEASED			D HOUR OF DEATH	
	pe or Print)	1 -STOW	17	R//	1000
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	LOC LECC	14. USUAL RESIDENCE (When	deceased lived, if ins	titution; residence before admission)
			A. STATE B. COUN		
	FULL NAME OF (If not in hospital or institution, give	e street	MARYUN	w) =	23-01
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
	University Hospital		1432 3	Charle	3/2,
	20		Comment	urol, give location)	10
	58				10,
5.	SEX 6. RACE 7. MARRIED, N	DIVORCED (specify)		ost birthdoy)	Months Doys Hours Min.
3	F 00 51N	GLE	3/6/18	48	
do	A USUAL OCCUPATION (Give kind of work 10 B, KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.		W	MARYCAND		USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	Dagge ( / -	~ /	1	7-5	
1.5		6. SOCIAL	17. INFORMANT	12401	ADDRESS
	es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		AUDRESS
(Ye	Do	217-03-6471	CHART		
	18. 2 3 1 X 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			,	ONSET AND DEATH
	LEADING TO DEATH	(A) DR	DUCHO PREUMO	nco	4 days
	(This does not mean the made of dying, e.g., heart failure, osthenio, etc. 11 means the disease,	DUE TO			
	injury or complication which coused death,)	1-	2-2-2-1 D	1	6 000
	ANTECEDENT CAUSES	DUE TO	EBICAL DECO	HPEUS & TION	s e clays
	DISEASES OR CONDITIONS, if ony, giving	//	10	2	
	rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C) C	IRDINE GIS	1253)	6 0ay 5
TION		(D) : F	ost. Mediastus	& Moss	1
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	/			TING SECOND
ATIO	TO THE DEATH BUT NOT RELATED TO THE	POSTERIO	O MEDIAM	10100 Mar	
U	19A, DATE OF OPERATION 119B, CONDITION FOR WH		20A. AUTOPSY? (Yes or No	20B. IF YES. WERE F	INDINGS CONSIDERED
RTIFIC	WAS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PL		n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
A	OR CONTRIBUTING CAUSE OF home,		fice bldg., INJURY OCCUR?		
U	The state of the s		016	Inu o a auto	
MEDI	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, IN While	At Not While	21 F. HOW DID INJ	JRY OCCUR?	
<	(APPROX.) Work	Al Work	° 🗌 ,		/
ж	22. I certify that (1) (this hospital) attended the	deceased fram	12/21	966 to (3	2/8 19.66.
	that((1) (we) last saw the deceased alive an	12/8	. /		an death accurred an the date
	and haur and from the causes stated abave (T)	-		/	/
	23A/SIGNATURE	mer (did (did nat) \	new the bady after death.		23B, DATE SIGNED
	11 21 50	il. M.D. Att	ending Med.	Stoff	12/2/12
	Juni 14. Dogte	Phy	s. Director	Phys.	(2/8/66
24	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	10	( D D . A M.
	IRVIN W. DOPHE	M.D.	Unwersit	7 of ospi	ball Dollo Me
24	A. BURIAL CREMATION, 248. DATE 24C. NAM	NE of CEMETERY OF CR	EMATORY 24D. LC	CATION (Cit	y, town, or county) (State)
		mana Camata	mrr D- 1	timene Ma	
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	imore Cemete		timore, Md.	ADDRESS
25		Falena	Eugenia K. Se Seitz Funers	itz 5209 Yell Home Bal	ork Rd. 21212
	12 1066 P. D. F &	Carried Low	Seltz runers	I nome bal	OO : 174 25-25-



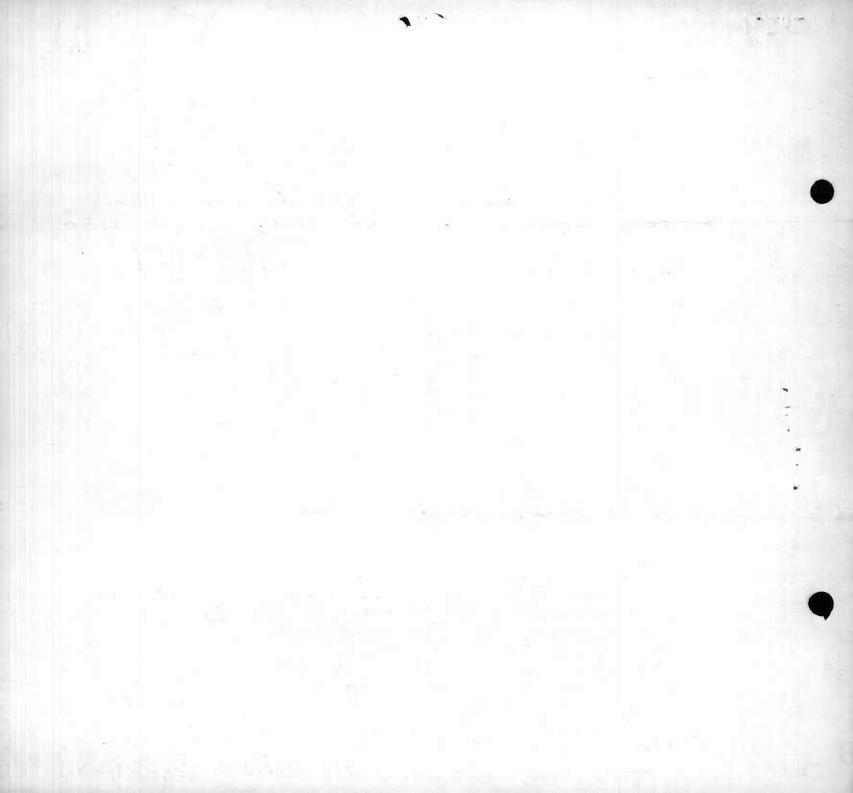
IMPORTANT

FUNERAL DIRECTOR:





O	1 may	BALTIMORE CITY HEALTH DEPARTMENT  GENTLINGS AT THE PROJECT OF DEATH REGISTERED NO. 66 19355
K	TERRE	CERTIFICATE OF DEATH
9	and the the	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
~	on ced	(Type or Print) Clara Kopin Son 12-6-66 9 A M.
9	De Of ath	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
7 12	S = S = 9	FULL NAME OF (If not in hospital ar institution, give street May and Oliverton)
	- 5 p	HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
20	S O O	me Hadrick to
O	ting d cat r at prior	D. STREET ADDRESS (If rugl, give Tocotion)
dA	de d	Tracoportis Torrator Transfer Dox 1/5
approva	5.2 = 5 7 8	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months   Doys   Hours   Min.
	occu ntri regu	10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
ono	con on	done during most of working life, even if retired)
0	or or d d	to mone none (1) USA
i Ü	if det t) u wa wa pos	13. FATHER'S NAME
	i i	Kuhis Howen Couth Statord
of A		15. Was Deceased Ever in U. S. Armed Farces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO.
. E	the thinck dea	no - Dister in lour by shone
Exam	if if ed da da da da	18. 9 / 6 , D   CAUSE OF DEATH   / INTERVAL BETWEEN ONSET AND DEATH
X A	d and	DISEASE OR CONDITION DIRECTLY
_ <	Als nou att	(This does not mean the mode of dying, e.g., a DUE TO DUE TO DUE TO
ਾਰ ::	er tur gron	hearl failure, asthenio, etc. II means the disease, a injury or complication which caused death.)
Med	3 5 3 5	ANTECEDENT CAUSES
	the e	DISEASES OR CONDITIONS, if any, giving 2
the	3) X	rise to the above cause (A) stating the
_	ins ins	UNDERLYING CONDITION Iasi.
by L	edika lica rrns; sici was mai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	me me bu bu phy an	O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
hospital FUNER	dy dy	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
7 Z	y Sh	
FI	the (2) (2) ph	OR CONTRIBUTING CAUSE OF CAUSE
ho	No No	DEATH (notify medical examiner) etc.) None Prince Kalluck 114.7-01
Φ	d b	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY OF MAINTENE (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED Peached across stove, Sweat
th	ho ho	(APPROX.) AM 12-3-66 While At Work A twent alie
	oro ny an	22. I certify that (1) (this hospital) attended the deceased from 12-3-660 19 46 12-6-66 19
T L	of appropriate to the to the to the to the to the to the	that (1) (we) last sow the deceased alive on 2-6-66 19 and that in my) (our) opinion death occurred an the date
ס	005-	and hour and from the couses stated above. (1) (We) (did) (did nat) view the body after death.
O O	tased to dent of ospital death) must be	23A, SIGNATURE 23B, DATE SIGNED
d	2005	The grade In scor M.D. Attending Med. Stoff Director Phys.   2-6-66
Ţ	ac ac	230. PHYSICIAN'S NAME (Type)  23D. ADDRESS
Released	This certificate m the body was rel shows: (1) An acci was D.O.A. at a deceased prior to	Thilander B. Briscoe Jr M.D. The John Hospins Hopatal
	d A B	24A, BURIAL CREMATION, 24B, DAZE / 24C, NAME of CEMETERY of CREMATORY / 24D, OCATION (Cité town of county) (Stotel
	body ws: ( D.O ease	Buse 18/8/66 ashery Cometate Baration ( Quarte M)
	This certif the body shows: (1) was D.O./ deceased	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
	This the back was dece	DED 12 1000 DO BO CO TO DOWN ON HARRAGEN TO AN TON KEENTHO IND
		We to see while the total to the total to the total to



Founds white There William News 1964 Mildred Debers Stahle in a more was to defer fragel fragel fragel fragel from Beld Mills

George R. Barthing trem Laure V. Melvin The state of the same of the s

C	-	2	2
	+ Q	bed	£
	000	+	Su
	= 0	9 5	
	4	0 1	4
	Sp	0	00
	ho	5 5	0
	9 0	e;	0
	-	US Th	
	- E	00 4	.0
	e =	0 1	. a
	7.0	a l	70
	100	E	Se
	0 6	9 4	0
	th	9 5	. 0
	90	Pu.	0
	T +	7	0
-	÷ .	4 3	=
Z	di di	· +	=
A	10	חם	0
7	sis	Y	2
0	dis	25	0
٩	s is	8	E.
Σ	Isc.	0	+
_	OA	9 5	9
FUNERAL DIRECTOR: IMPORTANT	s approved by the chief medical examiner or his assistant if death occurred in a hospital and a to the hospital by a medical examiner. Also, if the direct or contributing cause of death	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who proposed death was in regular attendance on the	); and (6) No physician was in regular attendance on the deceased prior to death. Such
Ö	in e	20	7 2
Ĭ	E.E	7 6	0
0	X	4 3	
~	9 6	e :	2.
0	0 =		s.
3	.ĕ.ĕ	T.	2
⋖	ne ed	200	-
2	E	> 2	0
7	9 5	Po	
5	to >	8 +	<u>&gt;</u>
II.	9 0	2 5	0
	+ 10	) ed	0
	D.S	7 3	; and (6) No physic
	Pos	# 5	3
	7	-	פ
	orc he	2 3	an.
	D o	9	
		0	3
	ertificate must be ody was released	s: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (1) O. A. of a hocaital (except where the physician who pronounced death was in regular attendance on the	sed prior to death)
	IST	de	0
	The sie		0.
	9	00	-
	at	5 5	7
	£ £	0	0
	ΈÀ	50	ed
	9	13 C	S

the b

Was

BALTIMORE CITY HEALTH DEPARTMENT 66 12358 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Elizabeth (Type or Print) Dec. 8,1966 Joan 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE Maryland FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION IMORE CATY HOSPITALS O EASTERN AVENUE (If rural, give location) 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224 Lundale 21213 made. 7. MARRIED, NEVER MARRIED 6. RACE 5. SEX 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys lost birthdoy Hours FEMALE MIDYMIEL 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY CE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if relired) ltimor WHAT COUNTRY? 2154 at home Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bear 100100 15. Was Deceased Ever in U. S. Armed Forces RECORDS-BCH 4940 EASTERN POLINE 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Baltimore City Hospital Chair 100 CAUSE OF DEATH 10 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY O LEADING TO DEATH embalme (This does not mean the mode of dying, e.g., hearl foilure, osthenia, etc. Il meons the diseose. injury or complication which caused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before S 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) OF INJURY obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on. ... and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED 12-8-66 Attending M.D. Med. Stoff Phys. Director approval 23 C. PHYSICIAN'S 23D. ADRY TIMORE, CITY HOSPITALS NAME (Type) Frederick S. Mishkin 24C. NAME . CEMETERY OF CREMATORY AND 21224 LOCATION IN 21224 COUNTY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) St. Stanislaus Cemetery Baltimore, Md. 12/12/66 deced

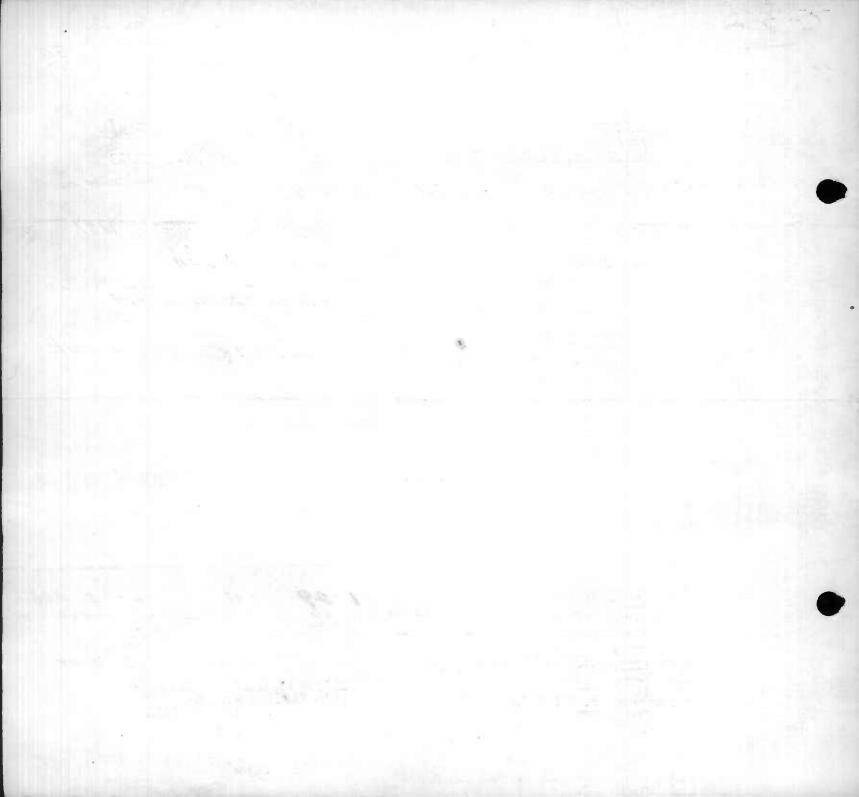
VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

k huneral Home, Inc. Brehms Lane

Schimunek H 3331 Bre



troute with the and the second of the second o AND REAL PROPERTY. . = COI,  a hospital and

RTH NO.  .E. CASE NO. 66 12360  NAME OF DECEASED year or Print!			HOUR OF DEATH	
EVERETT, Wilbur	Benjamin		aber 8, 1966	3:30 A
PLACE OF DEATH IN SALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where		itution: residence before admi
FULL NAME OF (If not in hospital a	or institution, give street	Maryland Wash	nington (h)	
HOSPITAL OR oddress or location)				RAL and give township)
INSTITUTION Veterans Admini		Hancock		71-00
3900 Loch Raven		D. STREET ADDRESS (If re	urol, give location)	
Baltimore, Mary	Tand SIST8	107 E. Main St		
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M
Male White	Married	10-1-15	51	
A. USUAL OCCUPATION (Give kind of work) one during most of working life, even it retired)	108. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	Unknown	Maryland		U. S. A.
Sand Miner FATHERS NAME		14. MOTHER'S MAIDEN NAM	\E	
7 77 27				
Earl T. Everett . Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or doles	es? 16. SOCIAL	Annie Prevost		ADDRESS
	of service) SECURITY NO.	Records	3	UPPRES
es WW2	220-10-3310	V. A. Hospital,	Baltimore	Md. 21218
18. 0 2 / 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRE				
LEADING TO DEATH (This does not mean the mode of	dwing of (A) Tub	erculosis, pulmon	ary, Tar-	Since 1943
hearl foilure, osthenia, etc. It meons	the disease. AULLYE a	dvanced with bron	cho pleural	
			-	
injury or complication which coused	death.)	istula, right		
ANTECEDENT CAUSES	death.)  (8)  DUE TO		•	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a	death.)  (8)  DUE TO	istula, right		
ANTECEDENT CAUSES	death.)  (8)  DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.	death.)  (8)  DUE TO	istula, right		
DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.	death.)  (8)  DUE TO  Iny, giving stoting the (C)  ONTRIBUTING	istula, right		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT	death.)  (8)  DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE	istula, right		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS COUNTY THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT	death.)  (8)  DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION	istula, right		NDINGS CONSIDERED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS COUNTY THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT	death.)  (8)  DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION	istula, right		NDINGS CONSIDERED SES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELATED BEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. CONE WAS PERFORMANCE.	death.)  (8)  DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE  OITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or No) NO .in or obout[2] C. WHERE DID	20B. IF YES, WERE FII IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELA	death.)  (8)  DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE  OITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FII IN CERTIFYING CAUS	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH WAS PERFORMED TO THE DEATH (Notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	death.)  (8)  DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE  OITION FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No) NO .in or obout[2] C. WHERE DID	20B. IF YES, WERE FII IN CERTIFYING CAUS	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO THE DEATH CONTRIBUTION CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year)	death.)  (8) DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not W	20A. AUTOPSY? (Yes or No)  NO , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE FII IN CERTIFYING CAUS	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH WAS PERFORMED TO THE DEATH (Notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	death.)  (8) DUE TO  Iny, giving stoting the (C)  DNTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Work Not W	20A. AUTOPSY? (Yes or No) NO NO office bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE FII IN CERTIFYING CAUS (If in Boltimore II	City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED BEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  21A. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	death.)  (8)  DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Work At Wo	20A. AUTOPSY? (Yes or No) NO , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJU	20B. IF YES, WERE FII IN CERTIFYING CAUS  (If in Boltimore of the Boltimor	City, give exoct locotion)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH WAS PERFORMED TO THE DEATH (Notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	death.)  (8)  DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Work At Wo	20A. AUTOPSY? (Yes or No) NO , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJU	20B. IF YES, WERE FII IN CERTIFYING CAUS  (If in Boltimore of the Boltimor	City, give exoct locotion)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED BEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  OF INJURY (APPROX.)  22. I certify that (1) (this hospital)	death.)  (B) DUE TO  DUE TO  Iny, giving stoting the (C)  DNTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Work  Work  O ottended the deceased from I	20A. AUTOPSY? (Yes or No) NO NO NO NO Sin or obout 21C. WHERE DID Office bldg., INJURY OCCUR?  21F. HOW DID INJURY December 5, 1	20B. IF YES, WERE FII IN CERTIFYING CAUS  (If in Boltimore of the Boltimor	City, give exoct locotion)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTOURS OF THE DEATH BUT NOT RELATED IN THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (1) (this hospital) that (1) (we) last sow the deceased	death.)  (B) DUE TO  DUE TO  Iny, giving stoting the (C)  DNTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Work  Work  O ottended the deceased from I	20A. AUTOPSY? (Yes or No) NO NO NO NO Sin or obout 21C. WHERE DID Office bldg., INJURY OCCUR?  21F. HOW DID INJURY December 5, 1	20B. IF YES, WERE FII IN CERTIFYING CAUS  (If in Boltimore is properly occurs)  Pry occur?  9.66	City, give exoct locotion)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTOURS OF THE DEATH BUT NOT RELATED TO THE DEATH WAS PERFORMED TO THE DEATH (Notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  (APPROX.)  22. I certify that (1) (this hospital) that (1) (we) last sow the deceased and hour and from the couses stated.	DNTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Work  Ottended the deceased from I alive on December 8, etc. of the control of the	20A. AUTOPSY? (Yes or No) NO nin or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY December 5, 1 19.66 ond the gview the body ofter deoth.	20B. IF YES, WERE FII IN CERTIFYING CAUS  (If in Boltimore)  PRY OCCUR?  9.66	Der 8, 1966 on death occurred on the
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH (NOTIFICATION OF OPERATION OF DEATH (notify medicol exominer)  21A. ACCIDENT WAS UNDERLYING OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (1) (this hospital) that (N) (we) last sow the deceased and hour and from the couses state 23A, SIGNATURE	DNTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Work  Ottended the deceased from I alive on December 8, etc. of the control of the	20A. AUTOPSY? (Yes or No) NO nin or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY December 5, 1 19.66 ond the gview the body ofter deoth.	20B. IF YES, WERE FII IN CERTIFYING CAUS  (If in Boltimore)  PRY OCCUR?  9.66	oer 8, 1966
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTOURS OF THE DEATH BUT NOT RELATED IN THE DEATH (NOT THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  (APPROX.)  22. I certify that (1) (this hospital) that (N) (we) last sow the deceased and hour and from the couses stated 23A, SIGNATURE	DNTRIBUTING TED TO THE  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not W Work  Ottended the deceased from I dalive on December 8, M.D. Ap	20A. AUTOPSY? (Yes or No) NO NO NO NO NO NO PROPERTY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY No ond the own of the december of the own of the december of the own of the december of the own of t	20B. IF YES, WERE FII IN CERTIFYING CAUS  (If in Boltimore STATE OF COLUR?  9.66to Decem)  It in XX) (aur) apini	Der 8, 1966 on death occurred on the
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTOURS OF THE DEATH BUT NOT RELATED IN THE DEATH (NOT THE DEATH WAS PERFORMED IN THE DEATH (NOT THE D	DNTRIBUTING TED TO THE  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not W Work  Not W Work  At Wo  ottended the deceased from I dalive on December 8, M.D. A	20A. AUTOPSY? (Yes or No)  NO  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY December 5, 1 19.66 ond the (view the body ofter deoth.  ttending Med. by S. A. Hospital,	20B. IF YES, WERE FILIN CERTIFYING CAUS  (If in Boltimore of the Boltimore	Der 8, 1966 on death occurred on the 23B. DATE SIGNED 2/8/66 Md. 21218
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTOURS OF THE DEATH BUT NOT RELATED IN THE DEATH (NOT THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  (APPROX.)  22. I certify that (1) (this hospital) that (N) (we) last sow the deceased and hour and from the couses stated 23A, SIGNATURE	DNTRIBUTING TED TO THE  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not W Work  Ottended the deceased from I dalive on December 8, M.D. Ap	20A. AUTOPSY? (Yes or No)  NO  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY December 5, 1 19.66 ond the gview the body ofter deoth.  Attending Med. by S. W. A. Hospital, CREMATORY 24D. LC	208. IF YES, WERE FILIN CERTIFYING CAUS  (If in Boltimore is selected in Boltimore is selected in Boltimore is selected in Boltimore, Incation (City)	Der 8, 1966 on death occurred on the

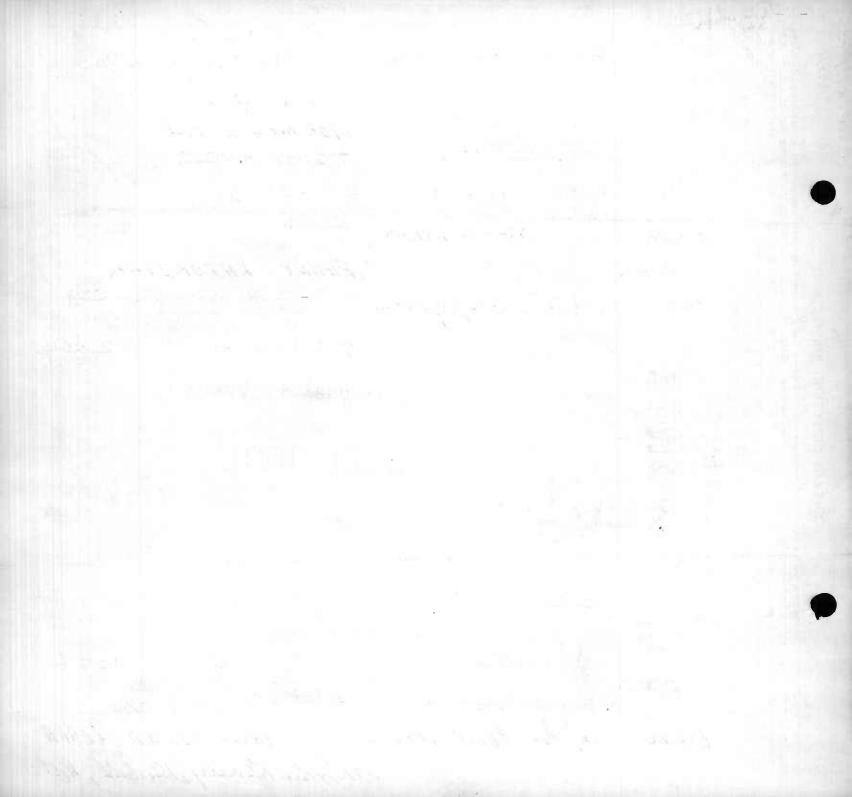
25B. NAME OF REGISTRAR

Maria Maria Burely Garage 

Brudstaw Muryland General Husg. Tal 16/00 midou col Moryland Housen Fre Edith Smith Summel Jones Charles Jenes Dec 9

DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH ALIG ROSKY MYRON (Type or Print) 12.7.66. 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before odmission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYLAND, BALTIMORE (If not in hospital or institution, give street FULL NAME OF HD SPITAL OR oddress or location) (If outside city limits, write RURAL and give township) C. CITY OR TOWN INSTITUTION BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224 7703 Meath Rd. 21222 MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. WIDOWED, DIVORCED Ispecify) Months Doys Hours Maried IDA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) done during most all working life, even if retired) MARYLAND TISA STEEL MEFGY YICKLER 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME OH LAZORZIA 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. RECORDS \*BCH 4940 EASTERN AVENUE 21224 7582 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 6-6 YES 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While IAPPROX. Work At Work 22. I certify that (I) (this hospital) ottended the deceased from... 19 6 6 10 61 1966 that (1) (we) last sow the deceased olive on. and that in(my) (aur) opinion death occurred on the date ond hour and from the causes stated obove. (1) (We) (did) (did nat) view the body ofter deoth. 23A, SIGNATURE 238, DATE SIGNED Attending Director 23D. ADDRESBALTIMORE CITY HOSPITALS 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24D. LOCATION 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

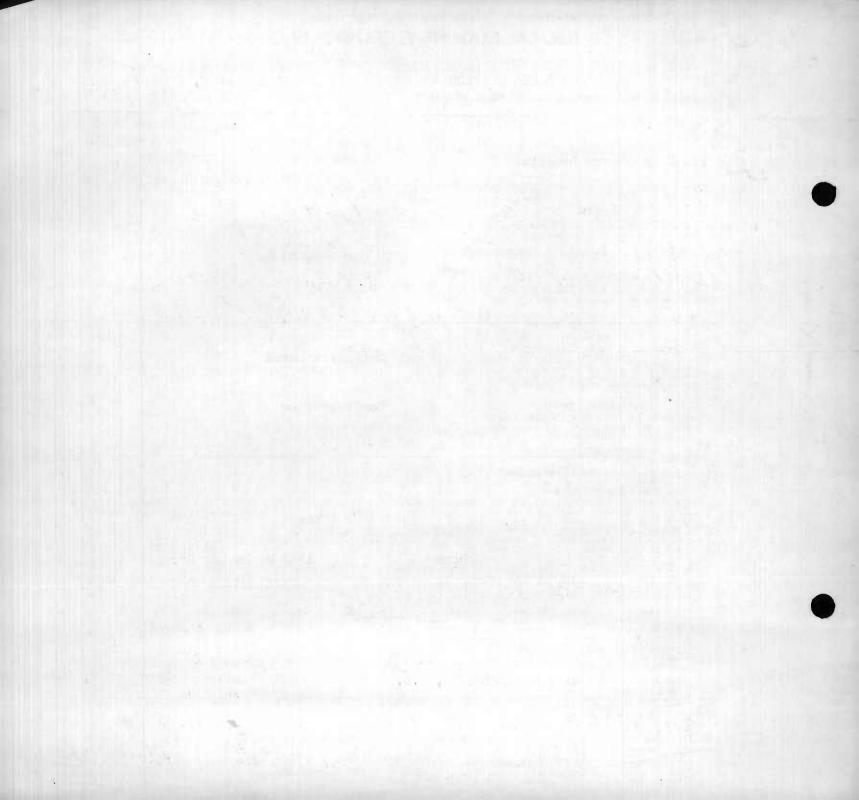




66 12364

00 12304	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register	red N

.E. CASE NO.			0.0455.445.44614	R PRONOUNCED DEA	
NAME OF DECEASED  ype or Print)  LOU	IS SHERROD			8, 1966	9:50 P
OSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET IN)	c. city or tow	aryland 'N (If outside corpore altimore	ote limits, write RURAL	and give township)
Franklin Square Hospit	aı		ESS (If rural, give lo		
	MARRIED, NEVER MARRIED IDOWED, DIVORCED(specify)  B. KIND OF BUSINESS OR INDUSTR	B. DATE OF BIRTH	330 W. Mosh	GE (In years lif Un Month 35	der 1 Yr. II Under 24 Hrs. is Doys Haurs Min. Min. in TIZEN OF HAT COUNTRY?
FATHER'S NAME  WAS DECEASED EVER IN U.S. ARMED FOR SO, no or unknown (II yes, give wor or doles of the control		14. MOTHER'S MA	.0 1	rsen	ESS
18. 9/6,01	2/2-28-679 CAUS	E OF DEATH	el Keel-	-106 n. 1.	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not meen the mode of dyne to foliure, ostherio, etc. It means the injury or camplication which caused death and the state of the caused death and the state of the ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS COLOR TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. CONDITIONAL CAUSING IT 19A. DATE OF OPERATIONAL CAUSING IT 19A. DA	ring, e.g., DUE TO e disease, th.)  GIVING (B)  DUE TO	Extensive Conflagrat			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 198, CONDITION WAS PERFORMED	TED TO THE			YES, WERE FINDINGS	
21 A. EXTERNALY CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  21 D TIME (Month) (Day) (Yeor)	21B. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)  NOME  (Hour)  21E. INJURY OCCURRED	office bldg., INJURY 1:	HERE DID (If in Bo) OCCUR? (330 W. Mosh	timore City, give exoc Living room er Street	) 16-02
22. I certify that I held an Inqueres leading from: Natural causes  ACTUAL SIGNATURE	Inspection Au	de Homicio CHIEF ME	that on this basis	s, death in my opin mined monner ER ====================================	
A BURIAL CREMATION, 23B. DATE MOYAL (Specify) 12 LIVE 19	23C. NAME OF CEMETERY  1/46, NAME OF REGISTRAR  1/48, NAME OF REGISTRAR	or CREMATORY  Leading 124C. FUNERA		etto. Me	ADDRESS



27 454e

movie

The second section is

Den Son Line Al

Pet of land from

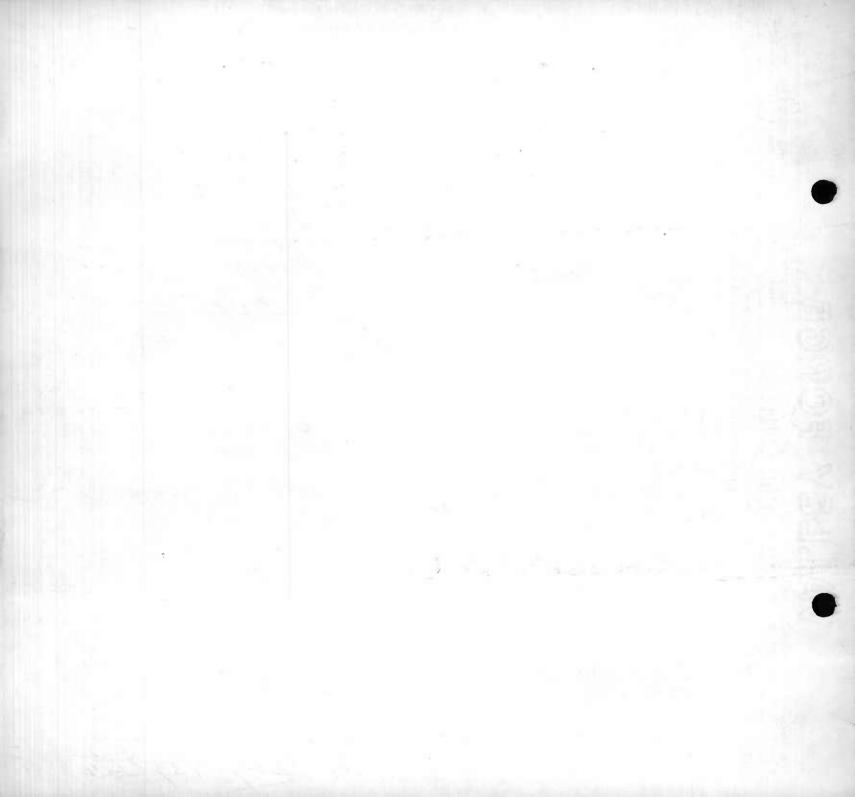
14/1 / Complete Company Company Figure 16/14 (1975) - Company Company (1975) - Company (197

Timeser.

IMPORTAN

DIRECTOR:

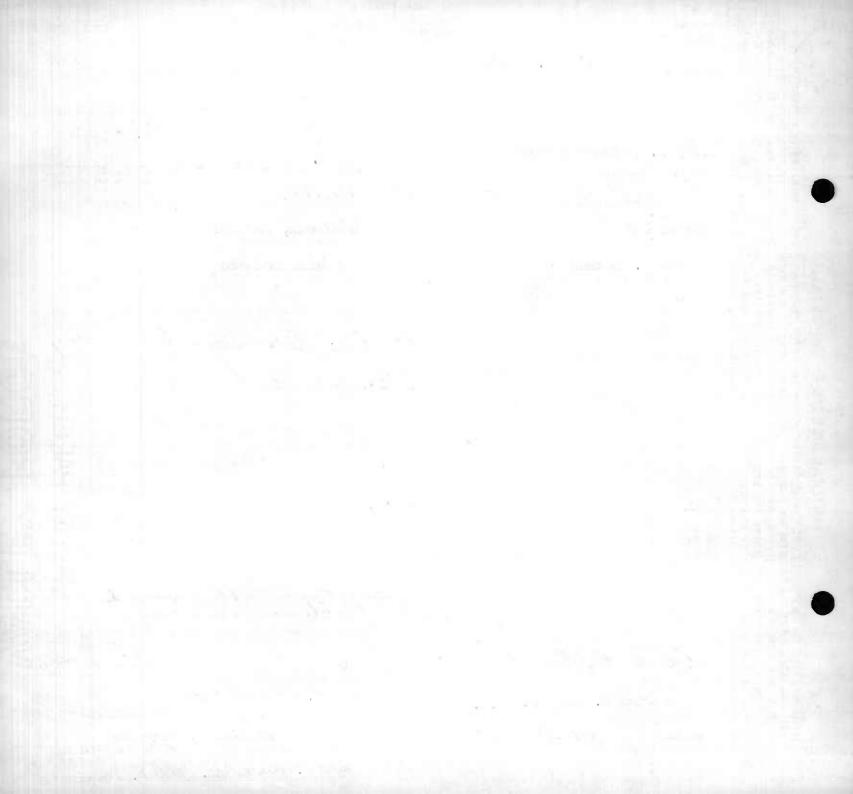
FUNERAL

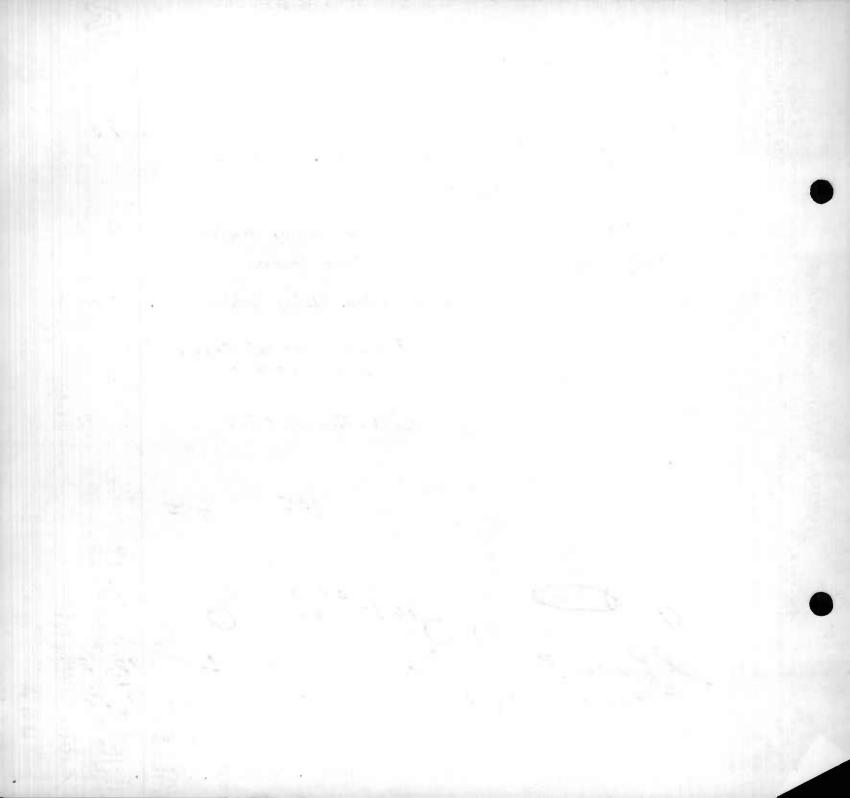


and of death

a hospital

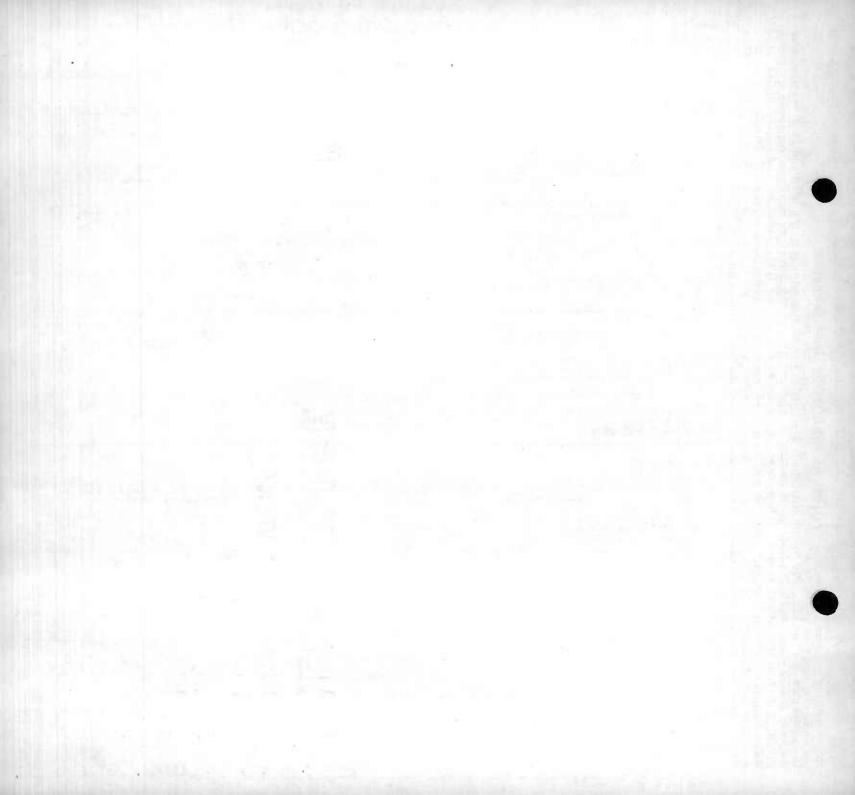
CC 10000	BALTIMORE CI	TY HEALTH DEPARTMENT		CC 10000
BIRTH NO. M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No	66 12368
T. NAME OF DECEASED  (Type or Print)  Florentina E.  3. PLACE OF DEATH IN BALTIMORE, MA	Hunter	Decem	ber 8, 196	
FULL NAME OF (If not in hospital	or institution, give street	4. USUAL RESIDENCE (Where A, STATE B, COUNT	deceased lived. If in: Y	stitution: residence before admissi
HOSPITAL OR oddress or locotio	n)	Baltimore	ide city limits, write R	RURAL ond give township)
125 N. Potomac Str	zet	125 N. Potoma		
F 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	12/5/1885	AGE (In years	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired) Housewife	108, KIND OF BUSINESS OR INDUST	Baltimore, Man		12. CITIZEN OF WHAT COUNTRY?
John H. Burman		14. MOTHERS MAIDEN NAM		
5. Was Deceased Ever in U. S. Armed For Yes, no prunknown) (If yes, give wor or date	ces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Le	ADDRESS
DISEASE OR CONDITION DIL		of DEATH rdiac decon teisoleratio	T	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING	Stating the (C)ONTRIBUTING		694	
19A. DATE OF OPERATION WAS PER		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore	City, give exoct location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED  While At Not W Work At Wo		RY OCCUR?	THE SALE
22. I certify that (1) (this hospital that (1) (we) last saw the decease and hour and from the causes sta	d alive on Sec 2	19.66 and the	t in(my) (our) opin	OC 2 1960 nion death occurred on the c
Escles Mec.	Menn Man. A		itoff hys.	23B. DATE SIGNED Sec 9, 1966
23C. PHYSICIANS NAME (Type) Charles C. MacMir	m, M.D.	23D. Address 2900 E. Baltimo	re Street	
Burial (Specify) 12/10/	24C. NAME OF CEMETERY OF C 266 Druid Ridge (en	netery Bal		ty, town, or county) (State ryland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	John A. Monai	2. Inc. 3000	ADDRESS  O & Balt: S



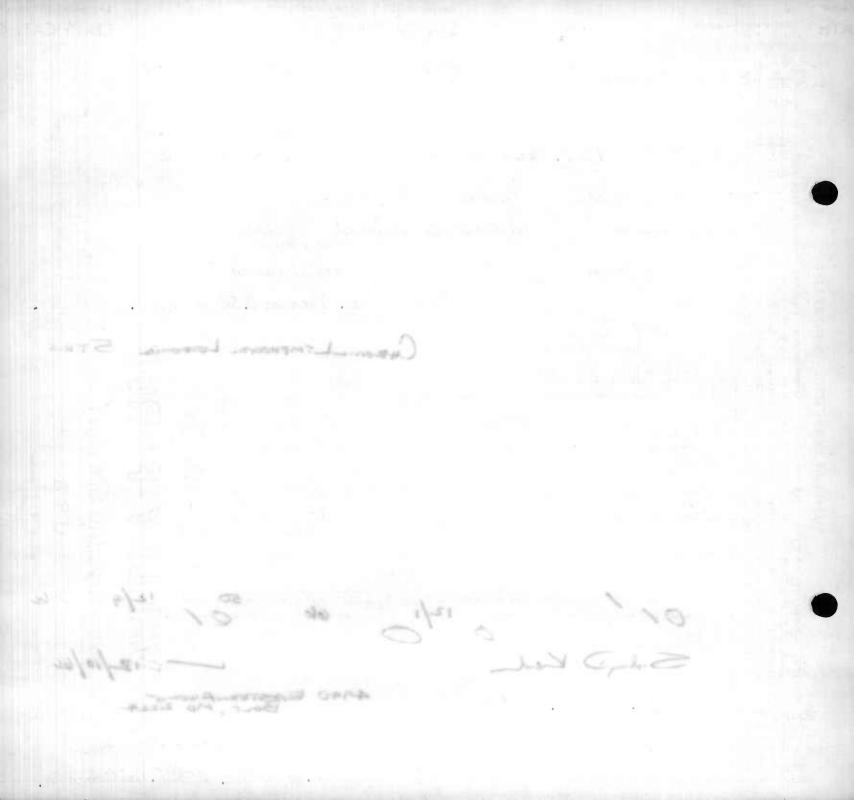


IMPORTANT

FUNERAL DIRECTOR:



00 400	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 12371
BIRTH NO. 66 12371	CERTIFICA	TE OF DEATH	Registered Na.	00 16.771
M.E. CASE NO.		2. DATE A	ND HOUR OF DEATH	
Tuna at Print	ranh Sauce			166 1 6:30 F
Sebastiana F. PLACE OF DEATH IN BALTIMORE, MARYLAND	TULTUR DESSOL	14. USUAL RESIDENCE (Wh	cember 9, 19	stitution: residence before admiss
		A. STATE B. COU	NTY	
FULL NAME OF (If not in hospital or institu	ution, give street	Maryland		
HOSPITAL OR oddress or locotion) INSTITUTION		C. CITY OR TOWN (If o		- 4
		Baltimore	2 6-6	5/
00 136 N. Deck	an A	D. STREET ADDRESS ()	f rurol, give location)	
O N. Deck	er riverille	130 N. De	ecker Avenue	
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Min
10 /	arried	4/1/1885	87	7.00
A. USUAL OCCUPATION (Give kind of work 108, KIP				12. CITIZEN OF
ane during most of working life, even if retired)	1 ( 11	1.11 01	1	WHAT COUNTRY?
	timore (ity Hoz			
B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Peter Sessa		Rosalli Ca	1+00	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Roselli (a.		ADDRESS
es, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.			
No	None	Mrs. Theresa	B. Jessa 13	36 N. Decker Ave.
18. 004.0	CAUSE	DF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0		1	ONSET AND DEATH
LEADING TO DEATH	(6)	2001-LIMPHO	and Love	STRS
(This does not mean the mode of dying,				
heart failure, astheria, etc. It means the dis	eose,			71.7
ANTECEDENT CAUSES	(8)			
	DUE TO			
DISEASES OR CONDITIONS, if ony,				Mary market 1
rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	of 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CA	
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTURVIOR	NO	(If in Rollimon	City of a exact tacation
OR CONTRIBUTING CAUSE OF	home, lorm, lactory, street,	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	tit in politimore	City, give exact tocotion)
DEATH (notily medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	ile 🗂		
	Work At Work			
22. I certify that M (this hospital) atten	ded the deceased fram	00H HH H 00 0 7 4 H H H 00 00 00 00 00 00 00 00 00 00 00	19 50 to	12/9 19/0
that (1) (we) last saw the deceased alive	/			nian death accurred an the
				man death accorred an the
and hour ond from the causes stated abo	ve. (I) (We) (did) (did not)	view the bady after death	•	
23A. SIGNATURE				238, DATE SIGNED
Doday . Kied	M.D. At	tending Med. ys. Director	Stoll Phys.	12/10/66
23C. PHYSICIAN'S		23D. ADDRESS	7	
23C. PHYSICIAM'S NAME (Type)		10 m	TORNA VEN	
DR. Sidney D. Krei	.der M.D	B	OLF, MP Z	1224
	4C. NAME of CEMETERY of CI	REMATORY 24D.	LOCATION (C)	ly, town, or county) (Sto
0 . 1	Ил 1 Дола	Canadan	R-14:	M / /
Burial 12/13/1966	Holy Redeemen	e (emetery	Baltimore,	Maryland
SA. DATE REC'D BY HEALTH DEPT. 258, N.	AME OF REGISTRAR	25C. FUNERAL DIRECTO	f .	ADDRESS
19 TO 1000 0000	O C' TONOSSILINA	John A. Moran	Ina 3000	E. Baltimore St.
/S 150-REV. 1/1/65		, , , , , , , , , , , , , , , , , , , ,		C. St. Chore St.



VS 150-REV. 1/1/66 -

	91 +	0	i <del>-11</del>		AND HOUR OF DEATH	
PLACE OF D	Salva to	RE MARYLAND	Iolla	14. USUAL RESIDENCE IW	c. 14, 1966	nstitution: residence before adm
				A. STATE B. CO	UNTY	
FULL NAME	OF (If not in he oddress a)	ospital or institut	ion, give street	ind.	Baltimoree (	city
INSTITUTION					outside city limits, write	RURAL and give township)
South	Baltimore	Genera	1 Hospital	D. STREET ADDRESS	(If rural, give location)	×4-05
1/3			1		Herry Huer	
SEX	6. RACE	17 AA A DE	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	T 14 11 1 4 14 14 14 14 14 14 14 14 14 14
M	W	WIDO	WED, DIVORCED (specify)	2-6-1885	lost birthdoy)	Months Doys Hours
	CUPATION (Give kind of working life, even if re		OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Mainte			ailroad	TtoH	<del>u</del>	USA
FATHER'S N	AME	1	walda odd	14. MOTHER'S MAIDEN N	IAME	V D 15
1	stephen	1. 1-41-		T. 15	1.11 +.	
Was Daniel	ed Ever in U. S. Arm	U10/1a	1 6. SOCIAL	17. INFORMANT	La Martina	ADDRESS
	wn) (If yes, give wor		SECURITY NO.			
No				Salvatore Cul	Lotta 1	437 Hull St.
1B. 4 6	21		CAUSE	OF DEATH		INTERVAL BETWEE
DISE	ASE OR CONDITIO		a.	TILLITIA	1	
	LEADING TO DI		(A) Car	Terioscleratie ca	raw vascual	
	nol meon the mo e, osthenio, etc. It is		e.g., DUE TO		disease	
	e, osinemo, etc. ii i	meons the dise	ose,			
injury or c	omplication which o		ose,			N 700
injury or c		caused deoth.)	(B)			
	omplication which c	AUSES	(B)			
DISEASES rise to	ANTECEDENT CA OR CONDITIONS The obove cause	caused deoth.) AUSES 5, if any, gives (A) stoting	(B)			
DISEASES rise to	OR CONDITIONS	caused deoth.) AUSES 5, if any, gives (A) stoting	(B)			
DISEASES rise to UNDERLYI	OMPLICATION Which CANTECEDENT CAON CONDITIONS The obove cause NG CONDITION to	caused deoth.) AUSES  5, if any, given (A) stoting ost.	(B) DUE TO Ving The (C)			
DISEASES rise Io UNDERLYRI OTHER SIG	OMPLICATION WHICH CANTECEDENT CANTECEDENT CANTECEDENT CONDITION TO CON	caused deoth.)  AUSES  5, if any, gi  6 (A) sloting  sst.  ONS CONTRIBLE  7 RELATED TO	(B) DUE TO Ving The (C)	nonia		
DISEASES rise to UNDERLYRI  OTHER SIG TO THE DISEASE C	ANTECEDENT CA OR CONDITIONS The obove cause NG CONDITION TO  II  CONTINUE CONDITION  CONDITION  OF OPERATION [198	AUSES 5, if any, gi 6 (A) sloting bis.  ONS CONTRIBU 7 RELATED TO SING IT.  E. CONDITION F	(B) DUE TO Ving The (C)	ronia    20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED
DISEASES rise to UNDERLYRI  OTHER SIG TO THE DISEASE C	ANTECEDENT CA OR CONDITIONS The obove cause NG CONDITION TO  II  CONTINUE CONDITION  CONDITION  OF OPERATION [198	caused deeth.)  AUSES  5, if any, gi  (A) sloting  sst.  ONS CONTRIBUT  T RELATED TO	ving THE    (B)   DUE TO		No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES tise lo UNDERLYI  OTHER SIG TO THE DISEASE C	ANTECEDENT CA OR CONDITIONS The obove cause NG CONDITION To ENTERCANT CONDITION DEATH BUT NOT DEATH BUT NOT OR CONDITION CAU OF OPERATION 198 WA DENT WAS UNDERLY	AUSES  5, if any, given the control of the control	ITING THE PREUM OR WHICH OPERATION    218, PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to UNDERLY!  OTHER SIG TO THE DISEASE C  19 A. DATE OR CONTRI	OR CONDITIONS The obove cause NG CONDITION to  INIFICANT CONDITION R CONDITION CAU  OF OPERATION  ANTECON 198 WA	AUSES S, if any, gi (A) sloting ost.  ONS CONTRIBU T RELATED TO SOUTH TO THE TO TO SOUTH TO THE TO TO SOUTH TO TO THE TO TO THE TO TO TO THE TO	ITING THE PREUM OR WHICH OPERATION    218, PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes or	(If in Boltimo	
DISEASES tise lo UNDERLYI  OTHER SIG TO THE DISEASE C  19 A. DATE OR CONTRI DEATH (not	ANTECEDENT CA OR CONDITIONS The obove cause NG CONDITION To ENTERCANT CONDITION DEATH BUT NOT DEATH BUT NOT OF OPERATION 198 WA DENT WAS UNDERLY BUTING CAUSE C	AUSES  S, if any, given the control of the control	ITING THE PREUM  OR WHICH OPERATION  218, PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	
DISEASES rise lo UNDERLYI  OTHER SIG TO THE DISEASE C  19 A. DATE OR CONTRI DEATH (not)  21 D. TIME OF INJURY	ANTECEDENT CA OR CONDITIONS The obove cause NG CONDITION TO ENIFICANT CONDITION TO CONDITION CAU OF OPERATION 198 WA DENT WAS UNDERLY BUTING CAUSE OF	AUSES  S, if any, given the control of the control	ITING THE  Preum  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, home, form, foctory, street,	20A. AUTOPSY? (Yes or win or obout 21C, WHERE DID office bidg., 21F. HOW DID I	(If in Boltimo	
DISEASES rise to UNDERLY!  OTHER SIG TO THE DISEASE C 19A. DATE OR CONTRIDEATH (not 21D. TIME	ANTECEDENT CA OR CONDITIONS The obove cause NG CONDITION To ENTERCANT CONDITION DEATH BUT NOT DEATH BUT NOT OF OPERATION 198 WA DENT WAS UNDERLY BUTING CAUSE C	AUSES  S, if any, given the control of the control	(B) DUE TO  VING THE  Preum  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)  21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or on obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimo	
DISEASES rise to UN DERLY!  OTHER SIG TO THE DISEASE CONTRIBUTE OF INJURY (APPROX.)	ANTECEDENT CA  OR CONDITIONS The obove cause NG CONDITION To  II  CONTINUENT CONDITION OF OPERATION TO  DEATH BUT NOT OF CONDITION CAU  DENT WAS UNDERLY BUTING CAUSE Of medical examines)  (Month) (Day)	AUSES S, if any, gi (A) sloting st.  ONS CONTRIBU T RELATED TO SING IT. B. CONDITION F AS PERFORMED  TING  OF  (Year) (Hour)	ITING THE  Preum  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Wark	20A. AUTOPSY? (Yes or on obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Bollimo	re City, give exact location)
DISEASES rise lo UNDERLYI  OTHER SIG TO THE DISEASE C  19 A. DATE OR CONTRI DEATH (not 21 D. TIME OF INJURY (APPROX.)  22. I certi	ANTECEDENT CA  OR CONDITIONS The obove cause NG CONDITION To  II  CONTINUENT CONDITION OF OPERATION TO  DEATH BUT NOT OF CONDITION CAU  DENT WAS UNDERLY BUTING CAUSE Of medical examines)  (Month) (Day)	AUSES S, if any, gi (A) sloting ost.  ONS CONTRIBUT T RELATED TO SING IT. B. CONDITION F AS PERFORMED  YING   (Year) (Hour)	ITING THE  Preum  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At	20A. AUTOPSY? (Yes or, in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Bollimo	re City, give exact location)
DISEASES rise lo UN DERLYI  OTHER SIG TO THE DISEASE C  19 A. DATE OR CONTRI DEATH (not) 21 D. TIME OF INJURY (APPROX.)  22. I certi that (I) (w	ANTECEDENT CA  OR CONDITIONS The obove cause NG CONDITION To  PARTICIPATION TO  CALIFICANT CONDITION OF OPERATION TO  DENT WAS UNDERLY BUTING CAUSE ONLY (Month) (Doy)  Ty that (I) (this ho	AUSES S, if any, gi (A) sloting ost.  ONS CONTRIBU T RELATED TO SING IT. B. CONDITION F AS PERFORMED  (Year) (Hour)  ospital) attend	(B) DUE TO  Ving The (C)  21B. PLACE OF INJURY (e.g. to.)  21E. INJURY OCCURRED While At Not Wark  At Wark  ed the deceosed from on	20A. AUTOPSY? (Yes or, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	NJURY OCCUR?  19to that in(my) (our) ap	re City, give exact location)
DISEASES rise lo UN DERLYI  OTHER SIG TO THE DISEASE C  19 A. DATE OR CONTRI DEATH (not) 21 D. TIME OF INJURY (APPROX.)  22. I certi that (I) (w	ANTECEDENT CA  OR CONDITIONS The obove cause NG CONDITION To  III  CONDITION TO  CONDITION TO  CONDITION TO  CONDITION CAU  OF OPERATION 198 WA  DENT WAS UNDERLY  CHORN (Month) (Doy)  Ty that (I) (this ho  e) lost saw the de  and fram the cause	AUSES S, if any, gi (A) sloting ost.  ONS CONTRIBU T RELATED TO SING IT. B. CONDITION F AS PERFORMED  (Year) (Hour)  ospital) attend	(B) DUE TO  Ving The (C)  21B. PLACE OF INJURY (e.g. to.)  21E. INJURY OCCURRED While At Not Wark  At Wark  ed the deceosed from on	20A. AUTOPSY? (Yes or, in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	NJURY OCCUR?  19to that in(my) (our) ap	re City, give exact location)
DISEASES rise to UNDERLY!  OTHER SIG TO THE DISEASE C  19A. DATE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.)  22. I certi that (I) (w and hour c	ANTECEDENT CA  OR CONDITIONS The obove cause NG CONDITION To  III  CONDITION TO  CONDITION TO  CONDITION TO  CONDITION CAU  OF OPERATION 198 WA  DENT WAS UNDERLY  CHORN (Month) (Doy)  Ty that (I) (this ho  e) lost saw the de  and fram the cause	AUSES S, if any, gi (A) sloting ost.  ONS CONTRIBU T RELATED TO SING IT. B. CONDITION F AS PERFORMED  (Year) (Hour)  ospital) attend	ITING THE  Preum  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Wark  At Wark  ed the deceosed from  on  e. (I) (We) (did) (did nat	20A. AUTOPSY? (Yes or, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID I hile	NJURY OCCUR?  19to that in(my) (our) op	re City, give exact location)  19
DISEASES rise lo UNDERLYI  OTHER SIG TO THE DISEASE C  19 A. DATE OR CONTRI DEATH (not 21 D. TIME OF INJURY (APPROX.)  22. I certi that (I) (w and hour c 23A. SIGNA	ANTECEDENT CA  OR CONDITIONS The obove cause NG CONDITION To  ENTERCANT CONDITION DEATH BUT NOT DEAT	AUSES S, if any, gi (A) sloting ost.  ONS CONTRIBU T RELATED TO SING IT. B. CONDITION F AS PERFORMED  (Year) (Hour)  ospital) attend	ITING THE  Preum  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Wark  At Wark  ed the deceosed from  on  e. (I) (We) (did) (did nat	20A. AUTOPSY? (Yes or, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID I hile	NJURY OCCUR?  19tothat in(my) (our) op	re City, give exact location)  19
DISEASES rise to UN DERLY!  OTHER SIG TO THE DISEASE C  19A. DATE OR CONTRI DEATH (not DEATH (not SID)  21D. TIME OF INJURY (APPROX.)  22. I certi that (I) (w and hour ce	ANTECEDENT CA  OR CONDITIONS The obove cause NG CONDITION To  III  CONDITION TO  CONDITION TO  CONDITION CAU  OF OPERATION 198  WA  DENT WAS UNDERLY  (Month) (Doy)  fy that (I) (this ho  e) lost saw the de  ond fram the cause TURE  TSUNG  CIAN'S	AUSES S, if any, gi (A) sloting ost.  ONS CONTRIBU T RELATED TO SING IT. B. CONDITION F AS PERFORMED  (Year) (Hour)  ospital) attend	ITING THE  Preum  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At No! Wark  ed the deceosed from on.  e. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or office bidg., INJURY OCCUR?  21F. HOW DID I hile ond office bidg., Autops: 19 ond office bidg.)  21F. HOW DID I hile ond office bidg. Med. Director office bidg.	NJURY OCCUR?  19to that in(my) (our) op	re City, give exact location)  19
DISEASES rise to UN DERLY!  OTHER SIG TO THE DISEASE C  19A. DATE OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.)  22. I certi that (I) (w and hour c 23A. SIGNA	ANTECEDENT CA  OR CONDITIONS The obove cause NG CONDITION To  III  CONDITION TO  CONDITION TO  CONDITION CAU  OF OPERATION 198  WA  DENT WAS UNDERLY  (Month) (Doy)  fy that (I) (this ho  e) lost saw the de  ond fram the cause TURE  TSUNG  CIAN'S	AUSES S, if any, gi (A) sloting ost.  ONS CONTRIBU T RELATED TO SING IT. B. CONDITION F AS PERFORMED  (Year) (Hour)  ospital) attend	ITING THE  Preum  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Wark  At Wark  ed the deceosed from  on  e. (I) (We) (did) (did nat	20A. AUTOPSY? (Yes or office bidg., INJURY OCCUR?  21F. HOW DID I hile ond office bidg., Autops: 19 ond office bidg.)  21F. HOW DID I hile ond office bidg. Med. Director office bidg.	NJURY OCCUR?  19to that in(my) (our) op	re City, give exact location)  19
DISEASES rise to UN DERLY!  OTHER SIG TO THE DISEASE C  19.A. DATE OR CONTRI DEATH (not DEATH (not That (I) (wand hour c 23A. SIGNA	ANTECEDENT CA  OR CONDITIONS The obove cause NG CONDITION To  III  CONTINUE TO THE CONDITION TO  CONDITION CAU  OF OPERATION TO  (Month) (Day)  That (I) (this ho  e) lost saw the de  cond from the cause TURE  TSUNG  (Type)  REMATION, 1248. DA  REMATION, 1248. DA  REMATION, 1248. DA	AUSES S, if any, gi (A) sloting ssl.  ONS CONTRIBUT RELATED TO STORMED  YING (Year) (Hour)  Ospital) attend becased alive as stated abov	ITING THE  Preum  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At No! Wark  ed the deceosed from on.  e. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR?  21F. HOW DID I hile on ond office body after death	(If in Bollimo	re City, give exact location)  19

Level As well Mid Bathmens City S. At Bull mode General Hoop til Bult mine. 1422 Battery House 2-6-1985 91 Itally Austrony

IMPORTANI

DIRECTOR:

FUNERAL

LABOR BLIND IS IN

BURING DE DIES STEDLIG GEORGEPH SOCK CHEDIFF AVE

Dines Conneces Times

	60 1007A		BALTIMORE CIT	Y HEALTH DEPARTM	ENT	66 12374
WATH NO.	66 12374		CERTIFICA	ATE OF DEA	TH Registered No	0. 00 120/4
NAME OF DE	CEASED			2. D	ATE AND HOUR OF DEAT	TH
Type or Print)	James K. Mi	110		-		
PLACE OF D	EATH IN BALTIMORE, MARY	LAND		14. USUAL RESIDENCE	ecember 9,10	institution: residence before admission
				A. STATE B.	, COUNTY	The state of the s
FULL NAME		institution, give	street	Marylan	ıd	
HOSPITAL OF	d oddress or location)		71	C. CITY OR TOWN	(If outside city limits, writ	e RURAL and give township)
				Baltime		13-06
832	Pewers St.			D. STREET ADDRESS	(If rural, give location)	
0				832 Powe	ers St	
SEX	6. RACE 7	MARRIED, NEV	VER MARRIED VORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
Male	White	Marrie		Aug 23.19	lost birthdoyi	Months Days Hours Min.
	CUPATION (Give kind of work 1)			Y 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF
	of working life, even if retired)					WHAT COUNTRY?
	d Machinist	Koppers	Co	Kentucky	r	U.S.
FATHER'S NA	AME			14. MOTHER'S MAID	EN NAME	
0	Mana Mana			70		
Was Decease	ge Mills.	s? I1 6.	SOCIAL	17. INFORMANT	<u> </u>	ADDRESS
s, no or unknov	vn) (If yes, give war ar dates	of service)	SECURITY NO.	THE OWN AND		ADDIKE33
yes	6/27/25		?	Cora Mill	Ls. 832 Powe:	rs St.
1B. 3	2201		, CAUSE	OF DEATH	ID O JE I ONO.	INTERVAL BETWEEN
DISE	ASE OR CONDITION DIRE	CTLV	^	47 1	(6)	ONSET AND DEATH
rise la l	OR CONDITIONS, if on the abave cause (A) s		DUE TO	***************************************	/*************************************	***************************************
UNDERLYIN	NG CONDITION Iosl.		***************	**************************************	10000000000000000000000000000000000000	
TO THE	II  NIFICANT CONDITIONS CO  DEATH BUT NOT RELATI  R CONDITION CAUSING IT.	NTRIBUTING ED TO THE		3 3 1		
		TION FOR WHIC	H OPERATION	20 A. AUTOPSY? (Ye	es or Noll 208, IF YES, WEE	RE FINDINGS CONSIDERED
19A-DATE C	WAS PERFO				IN CERTIFYING	AUSES OF DEATH?
21A. ACCID	ENT WAS LINDERLYING	218 DI A	CE OF INTERVACE	in or chart 210 WHERE	DID (III in Police	City of the property is a second
OR CONTRIE	ENT WAS UNDERLYING DEUTING CAUSE OF medical examiner	home, fo	rm, foctory, street,	office bldg., INJURY OC	CUR?	note City, give exact location)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 & INJ	URY OCCURRED	21F. HOW E	DID INJURY OCCUR?	
OF INJURY		While A	Not Wh	nile _		
(AFFROA)		Work	At Wor	k 📙		
22. I certif	y that (1) (this hospital)	attended the de	eceosed from	11 - 26	e 1957 to 12	- 9 1966
that (1) (we	) lost saw the deceased	olive on 18	2-8	19 66		pinion death occurred on the a
						The control of the co
	nd from the causes states	d obove. (1) (***	e) (did) ( <del>did noi</del> )	view the bady after	death.	
23A. SIGNAT	1. DA. AD		0	/	C	238, DATE SIGNED
9	Filliam V BE	nson.	A. M.D. PI	Med. Directo	Phys.	112-4-66
23C. PHYSICI NAME	ANS (Type)	NSAN	VR. M.D	23D. ADDRESS	9. Colunt	It But Ind
A. BURIAL CR REMOVAL	EMATION, 24B. DATE	24C. NAME	of CEMETERY of C	REMATORY	24D. LOCATION	(City, town, or county) (State
Burfial	12/12/6	6 Balto	Nationa	1	Frederick R	d.Md
A. DATE REC'	D BY HEALTH DEPT. 2	SB. NAME OF RE	Nationa GISTRAR	2SC. FUNERAL DI		ADDRESS
	A .	POT	on Our Mille	71 + 17	8X 1-4	1818 Roland au
150 054 131	c. 1 2 1988 (1) 1	J. C. N.		cusun 8	Honoran -3	10 1 Joranal le
150-REV. 1	16 7 19 10 10 10 10 10 10 10 10 10 10 10 10 10		1 1 1			

still a man

.73 acomes II

Lake Light, a sec

Aug 23,1670 ha markenall as how will will ave

Tolonzowii

. BATAR OPEGOS

Core Mills. 832 Powers St.

8 A 13 500 C BALTIMORE, MD. UNION MEMORIAL HOSE 1888 NORTHWOOD REFE F W WIDEWOD 12-5-66 79 MARTERNO 154 HOMEMORE JOSEPHINE GARREST CHARLES E. VORK 0.01 aubral beamboys 8 hr 3798 2 20 % Sadway 8. Kindley S Dec 6 6

BALTIMORE CITY HEALTH DEPARTMENT

A STATE OF THE PARTY AND ADDRESS OF THE PARTY OF THE PART 

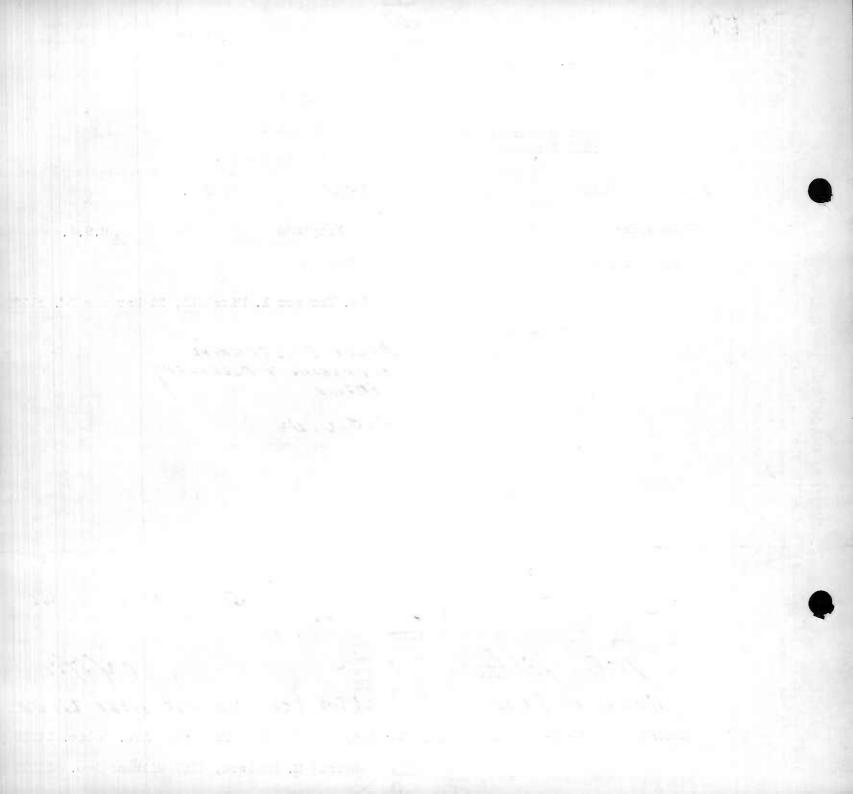
	BALTIMOR	CITY	HEALTH	DEPART	MENT
--	----------	------	--------	--------	------

CERTIFICATE OF DEATH

66 12377

Registered No.	_66	1237	1

M.E. CASE NO.	CEASED		CERTIFICA			D HOUR OF DEATH	1	
(Type or Print)	Helen J. B	Brolle			Dece	mber 8, 19	66	
PLACE OF DE	ATH IN BALTIMORE, M			4. USUAL RES		e deceased lived. Il i		
FULL NAME		l ar institution	, give street		ryland			
HOSPITAL OR oddress or location) INSTITUTION						side city limits, write	RURAL ond give	wnship)
01	Hood Nu	rsing H	Iome		ltimore	-	78-04	4
/			n Avenue	D. STREET ADDRESS (If rurol, give locotion)  21 Mardrew Road				
5. SEX Female	6. RACE White	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify) Vidowed	8. DATE OF BI 2-21-18		ost birthdoy) 77 Yrs.	If Under 1 Yr. Months Doys	If Under 24 Hr Hours Min.
			OF BUSINESS OR INDUSTR				12. CITIZEN O	F
	working life, even if retired)	)			5		WHAT CO	
Housewi				Mary	MAIDEN NAM	AE	U.	S.A.
Charles				Unknow		//E		
15. Was Deceased (Yes, no or unknow	d Ever in U. S. Armed F.	orces? ites of service	16. SOCIAL SECURITY NO.	17. INFORMAN			ADD	
				Mr. Her	bert I.	Mitchell,	21 Mardre	w Rd. 212
DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE E DISEASE OR	ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A G CONDITION lost.  II IIIICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING F OPERATION 1198. CO	any, given ) stating the	(C) (C)	?. C. U1	<i>D</i> 1	OUL BEEFITA		
19A. DATE O		RFORMED				208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH	?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol examiner)	h	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, tc.)	in or about 21C. INJU	WHERE DID RY OCCUR?	(If in Bo(timo	re City, give exoc	t locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	\	Vhile At Not Wh	ile [	HOW DID INJI	URY OCCUR?		18-1
22. I certify	that (I) (this hospit	al) ottended	the deceosed from	1/1961	1	% 6 to	7 5	19 <i>6-6</i>
			(I) (We) (did) (did not)			,, (-22-7 0)	,	
23A. SIGNAT	folia 1	Jf 62	M.D. A	ttending sys.	Med.	Stoff Phys.	238. DATE SIGN	8/61
NAME (	Type)	Plan	, M.D	23D. ADDRESS	Enma	1103an A.L.	hour	78.10
24A. BURIAL CRI	(Specify)		NAME of CEMETERY OF C		100		City, fown, or coun	
Burial	12-12-		oudon Park Cem			1 Frederic		
25A. DATE REC'T	EC 12 1966	25B. NAMI	OF REGISTRAR		H. Hub	pard, 4107		ve. 212



IMPORTANT

DIRECTOR:

FUNERAL

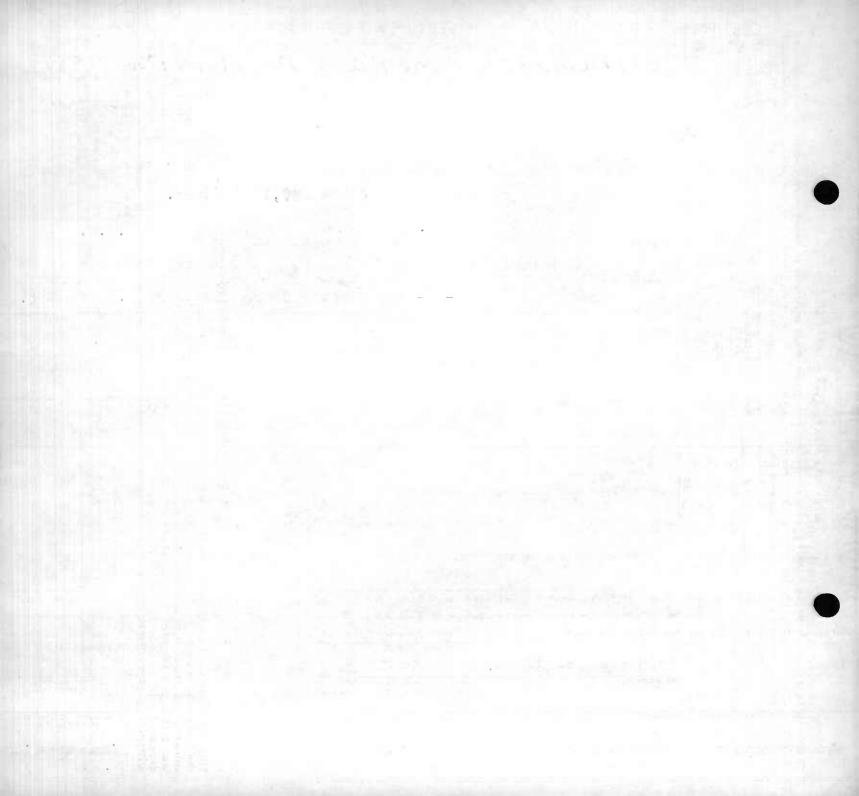
BALTIMORE CITY HEALTH DEPARTMENT

725.355 HER STANK DEED K MEE 11.0. Churchylomed Hospital 81 Silven Less Pet 11-25-93 75 interior of Beth Steal Deminaria - 6 5 Richard Rosarkide Charatine Herrinson 2/3-07-0982 Terin Posenia ... Gereralish Septimen Polostol Signed Garatine Food Fallere 12-8-21 perferelled bourse 12-19 Be 2- 66 Dec.10 and they Dr. Rogand ATRINS Builting Fire - Into ke the Company of the Company

VS 150-REV. 1/1/65

a hospital and

	BALTIMORE CIT		00 400
HRTH NO. 66 12379	CERTIFICA	ATE OF DEATH Registered Na.	66 12379
NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
Type or Print) On Tra my	adas Fuana	10 Dagge hav 9	1966 7:5XP
PLACE OF DEATH IN BALTIMORE MA	ARYLAND	4. USUAL RESIDENCE (Where deceased lived, If i	
	, ,	A. STATE B. COUNTY	
FULL NAME OF (If not in hospital	l or instilution, give street	Manuland	27-01
HOSPITAL OR oddress or location		C. CITY OR TOWN III outside city limits, write	RURAL ond give lownship)
THIS THE THE THIS THE THE THIS THE		12 19 in not	15 74
70		D. STREET ADDRESS (If rurol, give location)	1230
0 11 12 11: "	- 10 11	12 40 0 06	1 64
South Dalt/moli	E GENETAL MOSP	1 /2 26 S. Char	IES SC.
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours M
F	mannie 1	JANUARY20,1900 66yrs.	Williams Doys Hoors
A. USUAL OCCUPATION (Give kind of wor	OR LOB KIND OF BUSINESS OR INDUSTRY	V 11 SIPTHPLACE (State or foreign country	12. CITIZEN OF
one during most of working life, even if retired)	11	Y 11 SIRTHPLACE (Stole or foreign country,	WHAT COUNTRY?
	Housewite	Greece Europe	U.S.A.
FATHER'S NAME	Thousewife	14. MOTHER'S MAIDEN NAME	0.00
1			-
Mamme CE	alavetinos	Many Porter	Charuhas
. Was Deceased Ever in U. S. Armod Fo	orces? 1 6, SOCIAL		ADDRESS
es, no or unknown) (If yes, give wor or dot	tes of service) 212-28-1987	7 Stratis Catramados 12	26 S. Charless
110	112 20 1)01	Dola old Ja ol amados 12	20 8.01164 1055
18./ 00.01	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	IDECTI V		ONSET AND DEATH
LEADING TO DEATH	The City	homic buelonestratio	
	f dving, e.g., DUE TO	bronic pyelorephritis	
(This does not mean the mode of heart foilure, osthenio, etc. II means			
injury or complication which couse			
ANTECEDENT CAUSE	S (B)		
	DUE TO		
rise to the obove couse (A)			
UNDERLYING CONDITION lost.	sloling the (C)	.0000 x 4 x 4 x 0 0 x 4 x x x x 0 x x x x	~~~~~~
TO THE DEATH BUT NOT REL	CONTRIBUTING		
DISEASE OR CONDITION CAUSING	AILD TO THE		
	IT.		
19A. DATE OF OPERATION 19B. COL	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. COL		20 A. AUTORSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	NOTION FOR WHICH OPERATION REFORMED	VES. IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	NDITION FOR WHICH OPERATION RFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, or	VES. IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	NDITION FOR WHICH OPERATION REFORMED    218. PLACE OF INJURY (e.g.,	in or obout 2 C. WHERE DID (If in Boltimo	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NDITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 2 C. WHERE DID office bldg., INJURY OCCUR?	AUSES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY	NDITION FOR WHICH OPERATION RFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED	in or about 2fc. WHERE DID office bldg., INJURY OCCUR?	AUSES OF DEATH?
JAA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NDITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  21D. TIME (Approx.)	NDITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	re City, give exact location)
12 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) OF INJURY	NDITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	re City, give exact location)
A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year)  (APPROX.)	NDITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not White At Work  DI) ottended the deceased from	in or obout 2fC. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	re City, give exact location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (This hospital that (We) (we) lost saw the decease	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)   (Hour)   21E. INJURY OCCURRED   While At   Not White work   Not White work   Not Work	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  iile	re City, give exact location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (this hospital that (we) lost saw the decease and hour and from the causes stored)	NDITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not White At Work  DI) ottended the deceased from	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  iile	AUSES OF DEATH?  THE City, give exact location)  19  19  Inion death occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (this hospital that (we) lost saw the decease and hour and from the causes stated in the course stated in the cause st	NDITION FOR WHICH OPERATION RFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not White At Work  Not Work  Not White At Work  (I) (We) (did) (did nat)	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ille	re City, give exact location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (this hospital that (b) (we) lost saw the decease and hour and from the causes stored.	NDITION FOR WHICH OPERATION  REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work  DI) ottended the deceased from  sed alive on 2 9  ated obove. (I) (We) (did) (did nat)	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 ond that in (my) (our) op view the bady ofter deoth.	AUSES OF DEATH?  THE City, give exact locotion)  12 - 9 19 4  Inion death occurred on the  23B. DATE SIGNED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeer) OF INJURY (APPROX.)  22. I certify that (this hospite that (we) lost saw the decease and hour and from the couses stocated that (Sample Course) Storage Jan	NDITION FOR WHICH OPERATION  REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work  DI) ottended the deceased from  sed alive on 2 9  ated obove. (I) (We) (did) (did nat)	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 ta  19 6 ond that in (ms) (our) op view the bady ofter deoth.	AUSES OF DEATH?  THE City, give exact locotion)  12 - 9 19 6  Inion death occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (this hospital that (we) lost saw the decease and hour and from the causes stocase.	NDITION FOR WHICH OPERATION  REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work  DI) ottended the deceased from  sed alive on 2 9  ated obove. (I) (We) (did) (did nat)	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 ta  19 6 ond that in (ms) (our) op view the bady ofter deoth.	Inion deoth occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year)  22D. I certify that (This hospital that (Month) (Month) (Day) (Year)  22D. I certify that (This hospital that (Month) (Month) (Day) (Year)  22D. I certify that (This hospital that (Month) (Mo	NDITION FOR WHICH OPERATION  REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work  DI) ottended the deceased from  sed alive on 2 9  ated obove. (I) (We) (did) (did nat)	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 ond that in (ang.) (our) op view the bady ofter deoth.  19 Stoff Phys. 22D. ADDRESS	Inion deoth occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  21D. TIME (Month) (Doy) (Year)  22. I certify that (This hospital that (Month) (We) lost saw the decease and hour and from the couses stated as a standard or saw the decease and hour and from the couses stated as a standard or saw the decease and hour and from the couses stated as a standard or saw the decease and hour and from the couses stated as a standard or saw the decease and hour and from the couses stated as a standard or saw the decease and hour and from the couses stated as a standard or saw the decease and hour and from the couses stated as a standard or saw the decease and hour and from the couses stated as a standard or saw that the	NDITION FOR WHICH OPERATION REFORMED    21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)     (Hour)   21E. INJURY OCCURRED     While At   Not White Mark   Not White Mark   Not Work     Not White Mark   Not White Mark   Not Work     Not White Mark   Not White Mark   Not Work     Not Work   Not Work     Not Wor	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ille	AUSES OF DEATH?  THE City, give exoct locotion)  12-9 19 6  Inion deoth occurred on the  23B. DATE SIGNED  12-10-66  Paral Hospital
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (this hospital that (we) lost saw the decease and hour and from the causes stated as Signature  23A. Signature  75CLP4  23C. PHYSICIAN'S NAME (Type)	NDITION FOR WHICH OPERATION RFORMED    218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)   (Hour)   21E. INJURY OCCURRED   While At   Not White Work   Not Work	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ille	Inion deoth occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year)  21D. TIME (Month) (Doy) (Year)  (APPROX.)  22. I certify that (this hospital that (we) lost saw the decease and hour and from the couses stated as a signature of the couses of the couse of the couses of the couse of the c	NDITION FOR WHICH OPERATION  REFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work  DI) ottended the deceased from sed alive on 2 - 9  ated obove. (I) (We) (did) (did nat)  M.D. Att Ph.  M.D. 24C. NAME of CEMETERY or CR	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 to 19 6 to 19 6 to 19	Inion deoth occurred on the    23B. DATE SIGNED   270-66   Pal Hospital   25ty, town, or county) (Sto
WAS PEI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME OF INJURY (APPROX.)  22. I certify that (this hospital that (h) (we) lost saw the deceas and hour and from the couses sta  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE	NDITION FOR WHICH OPERATION REFORMED    21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)     (Hour)   21E. INJURY OCCURRED     While At   Not White Mark   Not White Mark   Not Work     Not White Mark   Not White Mark   Not Work     Not White Mark   Not White Mark   Not Work     Not Work   Not Work     Not Wor	in or obout 27C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 ond that in (ang.) (our) op view the bady ofter deoth.  19 Stoff Phys. 22D. ADDRESS  South Baltimore General REMATORY  24D. LOCATION (Company)	AUSES OF DEATH?  THE City, give exoct locotion)  12-9 19 6  Inion deoth occurred on the  23B. DATE SIGNED  12-10-66  Paral Hospital

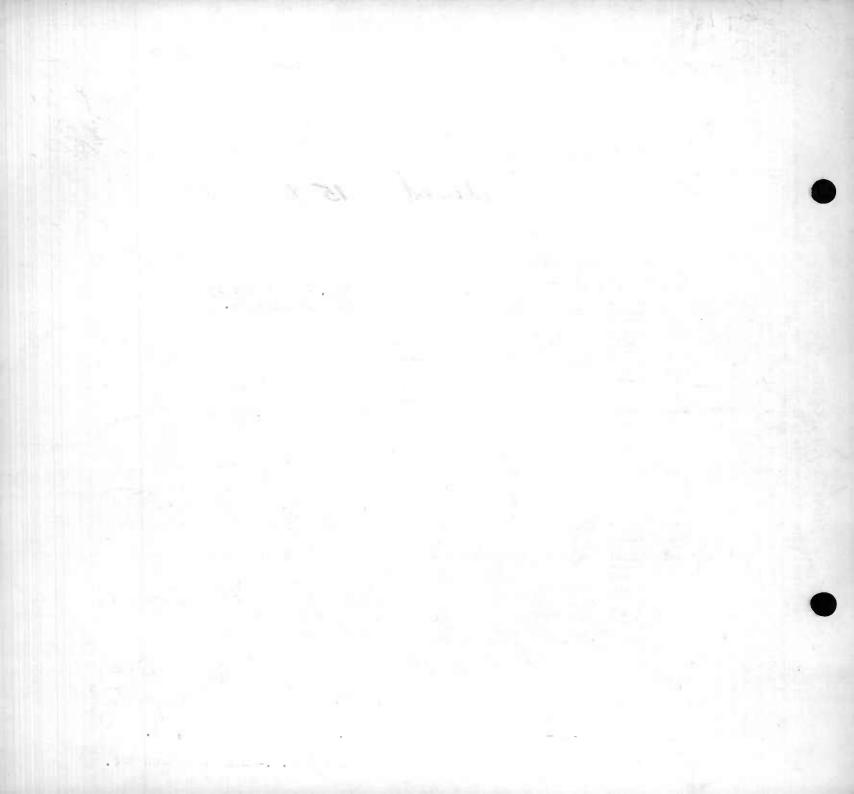


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12380

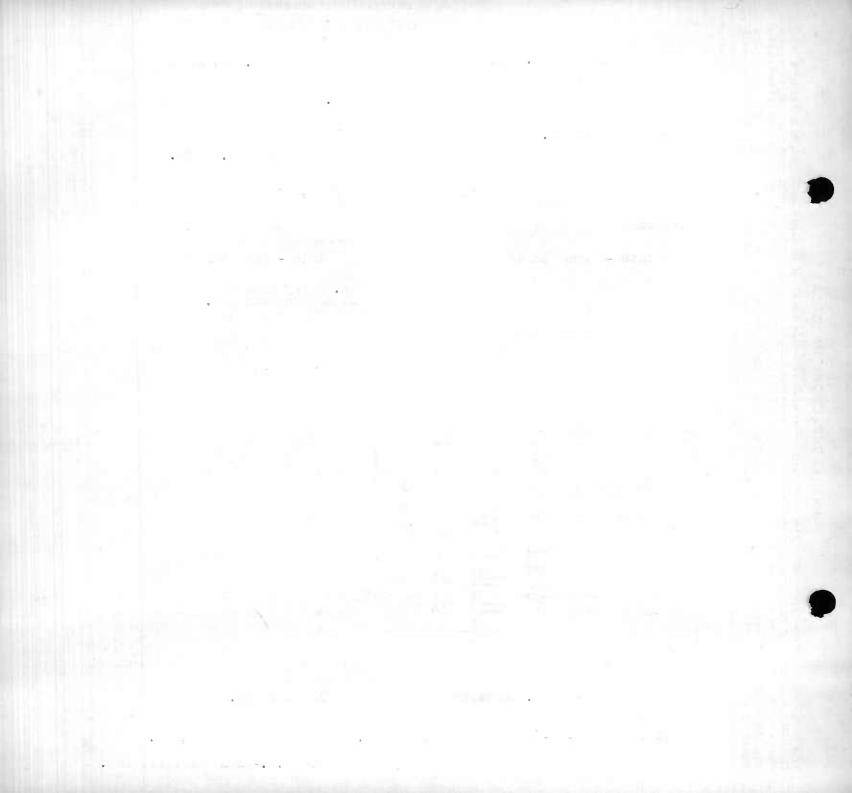
M.E. CASE NO.								
1. NAME OF DEC	EASED					HOUR PRONOUNC	ED DEAD	
	DITH G	. MILLE			Decemb	er 9, 1966		5:45 P M
3. PLACE IN BALT		ID, WHERE PRONOU			NCE(Where d	eceosed lived. If inst B. COU	itution: resid INTY	ence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					corporate limits, write	RURAL on	d give township)	
00 6	317 Bosto	n Street		Baltimore D. STREET ADDRESS (If rural, give location)				
00			309	Mason	Street			
5. SEX	6. RACE	WIDO WED, I	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under Months	Yr. If Under 24 Hrs Doys Hours Min.
Female	White	Widow	BUSINESS OR INDUSTRY	Aug. 11,		76	10 017175	
lone during most of v	vorking life, even if r			Own Ho		country)	12. CITIZE WHAT	COUNTRY?
3. FATHER'S NAM	Ē	7 0 111 11	- 1110	14. MOTHER'S MA			-1	-
		Jordan		Mary				
	D EVER IN U.S. A		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No				Theodore	Miller	1031 Mid	dlesex	Road
1B. —	04 0		C AU SE	OF DEATH				INTERVAL BETWEEN
RISE TO TH UNDERLYIN	E ABOVE CAUSE IG CONDITION  II  NIFICANT CONDI	IN THE LAST.  TIONS CONTRIBUTION THE LAST.						
DISEASE OF	OPERATION 198		***************************************	20A. AUTOPSY?		OB. IF YES, WERE FII		
J CK d				Yes				Yes
UNDERLYINGE UTING CAU	OR CONTRIB-	218. I home, etc.)	form, foctory, street, or Relative's Ho		_	in Boltimore City, gi n Street	ve exoct lo	cotion)
ZID TIME	(Month) (Doy)	(Year) (Hour) 2	E INJURY OCCURRED		M DID INTIN			- 00
(APPROX.)	12 9 '	66 P <sub>m</sub> . W	HILE AT X NOT AT W	WHILE App	arently	fell		
22.	ify that I held	on Inquiry 🗌	Inspection Aut	opsy 🗴 ond	that on this	bosis, deoth in n	ny opinion	
resul	ted from: Nojur	o couses A	ccident X Suicid	e Homicid	le U	ndetermined monne	er 🗌	
ACTUAL	1	But	5.1		DICAL EXA			DATE SIGNED
SIGNAT	ER'S	ican Proite		ASSISTANT ME				12/10/66
NAME (	MATION, 238. D.		enecker, M.D.	CREMATORY	23 D. LO	CATION (City,	, town, or c	
Burial	12-		Cedar Hill		Anne	e Arundel C		
24A. DATE REC'D			OF REGISTRAR	24C. FUNERA	L DIRECTOR		A	DDRESS
	DEC 12	1966 R. Lu	GE. Farleyni	Lilly	& Zeile:	r Inc. 19	01-07	Eastern Ave

HELDEN TELEVISION OF THE EXPERT OF THE

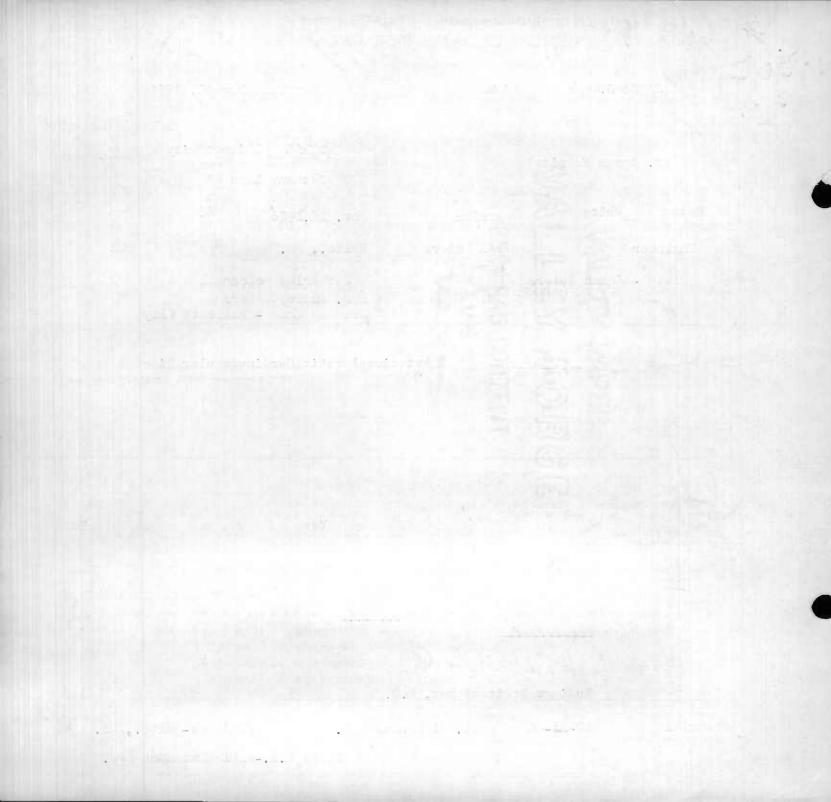
METH NA.  CERTIFICATE OF DEATH  Registaged No.  D. DATE AND HOUSE BLATH  211-66  D. STREET OF DEATH  Registaged No.  D. DATE AND HOUSE BLATH  211-66  D. STREET ADDRESS  MISSISTION  MIS	1	70 66	12301	BALTIMORE CI	TY HEALTH DEPARTMENT	\ /	CO ABOCA
		H NO.	J. J	CERTIFIC	ATE OF DEATH	Registered No.	66 12381
3. PARCE OF DEATH IN BALTIMORE MARTEAND  FILL NAME OF INCOMPTON CONTRIBUTION  10. USUAL OCCUPATION (Gov hind of work) or foreigned without the original like word or dokes of service)  10. USUAL OCCUPATION (Gov hind of work) or foreigned without the original like word or dokes of service)  10. USUAL OCCUPATION (Gov hind of work) or foreigned without the original like word or dokes of service)  10. USUAL OCCUPATION (Gov hind of work) or foreigned work or dokes of service)  10. TATHERS NAME  10. MOTHERS MADRES MARKED NEVER MARKED OF BUSINESS OR INDUSTRY  10. ATHERS NAME  11. ATHERS NAME  12. ANOTHERS MADRES MADRES NAME  13. ANOTHERS MADRES MADRES NAME  14. MOTHERS MADRES MADRES NAME  15. WILL DOKAS TO R CONDITION DIRECTLY  16. LEADING TO DEATH  17. LEADING TO DEATH  18. Jean Connolly	1, N	AME OF DECEASED	1	1 0	2. DATE AN	D HOUR OF DEATH	-~
1. SUSAL ESIDENCE (When "accessed lived. II institution, maintenace before add. STATE OF ST	(Тур	e or Printilla	1901		12-11-66	10 20	A
THE PROPERTY OF MARKED NEVER MARKED WINDOWS CONTRIBUTING TO SECURITY NO.  13. TATHERS NAME  13. TATHERS NAME  14. MOTHERS NAME  15. SEE  15. SEE  15. SEE  15. SEE  15. SEE  16. SECE  17. MARKED NEVER MARKED WINDOWS CONTRIBUTING TO THE SECURITY NO.  15. TATHERS NAME  15. TATHERS NAME  15. TATHERS NAME  15. TATHERS NAME  16. SECINITY NO.  17. TATHERS NAME  17. MOTHERS NAME  18. WORD DECEMBER  19. WORD DECEMBER	3. P	LACE OF DEATH IN	BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution; residence before adm
C. CIT OR TOWN   (if sustaids city) limits, write RURAL and give tworships					100	.,	malter
D. STREET ADDRESS (If word, give location)  D. STREET ADDRESS (If word, give leader of location)  D. STREET ADDRESS (If word, give location)  D. STREET AD	H	OSPITAL OR		filution, give street	C. CITY OR TOWN (If out	side city limits, write I	RURAL and give township)
5. SEE  O. ABLE  O. A	>	NSTITUTION			632	711	4, 4
5. SEE  O. BACE  O. MABERD, NEVER MARKED  ON USUAL OCCUPATION (DOWN the distance)  ON USUAL OCCUPATION (DOWN the distan	0	7 0		1	D. STREET ADDRESS (IF	rurol, give location)	80
Months:   Days   Hours   Days	A STATE OF THE PARTY OF THE PAR	DN SC	cook	V	4046-1	PEEN	000/12
18. USA DECENSED NAME   1. SERTIFICACE (Stole or foreign country)   1. SERTIFICACE (Stole or foreign country	5. S	EX 6. RAC		IDOWED, DIVORCED (speggy)			If Under 1 Yr. If Under : Months Doys Hours
13. FATHER'S NAME				- /	RY 11. BIRTHPLACE (State or forei	gn country)	
15. WOS DECEASED SENDING IN U. S. Armed Force?  17. INFORMANT MRS. Jean Connolly  ADDRESS  18. SOCIAL  17. INFORMANT MRS. Jean Connolly  ACU Greenlow Rd.  17. INFORMANT MRS. Jean Connolly  ACU Greenlow Rd.  18. SOCIAL  18. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., theer bolive, eathering, etc. it means the disease, injury or complication which coased death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the UNDERLYING CONDITIONS of the obove coase (A) stoling the UNDERLYING CONDITION Tost which the obove coase (A) stoling the UNDERLYING CONDITION Tost which of the obove coase (A) stoling the UNDERLYING CONDITION Tost which Operation  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF CONDITION TOST WHICH OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF CONDITION TOST WHICH OPERATION  OTHER SIGNIFICANT CONDITION TOST WHICH OPERATION  ON CONTRIBUTING CAUSES OF DEATH  ON CONTRIBUTING CAUSE OF CHANTEL CONTRIBUTING COURSE OF DEATH Incident medical examined of the obove contribution of the course stoled chove. (I) (We) (did) did not) view the body after death.  22. Lerrify that (I) (Mis hospits) ottended the deceased from let. 19 Good that in (my) (aug) opinion death occurred on the only of the obove contribution of the course stoled chove. (I) (We) (did) did not) view the body after death.  22. SIGNATURE  22. Lerrify that (I) (Mis hospits) ottended the deceased from let. 19 Good that in (my) (aug) opinion death occurred on that in (my) (aug) opinion death occurred on the first of the course stoled chove. (I) (We) (did) did not) view the body after death.  22. SIGNATURE  22. Lerrify that (I) (Mis hospits) ottended the deceased from let. 19 Good that in (my) (aug) opinion death occurred on the first of the course stoled chove. (I) (We) (did) did not) view the body after death.  22. SIGNATURE  22. Lerrify that (I) (Mis hospits) ottended the deceased from let. 19 Good that in (my) (aug) opinion death occurred on the course st	done	during most of working	lile, even if retired)				WHAI COUNTRY!
15. WOS DECEASED SENDING IN U. S. Armed Force?  17. INFORMANT MRS. Jean Connolly  ADDRESS  18. SOCIAL  17. INFORMANT MRS. Jean Connolly  ACU Greenlow Rd.  17. INFORMANT MRS. Jean Connolly  ACU Greenlow Rd.  18. SOCIAL  18. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., theer bolive, eathering, etc. it means the disease, injury or complication which coased death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the UNDERLYING CONDITIONS of the obove coase (A) stoling the UNDERLYING CONDITION Tost which the obove coase (A) stoling the UNDERLYING CONDITION Tost which of the obove coase (A) stoling the UNDERLYING CONDITION Tost which Operation  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF CONDITION TOST WHICH OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF CONDITION TOST WHICH OPERATION  OTHER SIGNIFICANT CONDITION TOST WHICH OPERATION  ON CONTRIBUTING CAUSES OF DEATH  ON CONTRIBUTING CAUSE OF CHANTEL CONTRIBUTING COURSE OF DEATH Incident medical examined of the obove contribution of the course stoled chove. (I) (We) (did) did not) view the body after death.  22. Lerrify that (I) (Mis hospits) ottended the deceased from let. 19 Good that in (my) (aug) opinion death occurred on the only of the obove contribution of the course stoled chove. (I) (We) (did) did not) view the body after death.  22. SIGNATURE  22. Lerrify that (I) (Mis hospits) ottended the deceased from let. 19 Good that in (my) (aug) opinion death occurred on that in (my) (aug) opinion death occurred on the first of the course stoled chove. (I) (We) (did) did not) view the body after death.  22. SIGNATURE  22. Lerrify that (I) (Mis hospits) ottended the deceased from let. 19 Good that in (my) (aug) opinion death occurred on the first of the course stoled chove. (I) (We) (did) did not) view the body after death.  22. SIGNATURE  22. Lerrify that (I) (Mis hospits) ottended the deceased from let. 19 Good that in (my) (aug) opinion death occurred on the course st	12	FATHEME NIAME			14 AACTUEMS AAAIDSN NAA	4.5	0//
18.   Cause of date in U. S. Armed Forces   16. SCIAL STOURING OF Unknown of the work of dates of service   18.   SCIAL STOURING OF DEATH   STOU	13.	- 11	11				1/2-01-1
SECURITY NO.   SECURITY NO.   Mrs. Jean Connolly 404 Greenlow Rd.	)	10H2	9+2 55C		11/200	MRCI	44650110G
18.   DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   CAUSE OF CAUSE OF DEATH   CAUSE OF					17. INFORMANT	nolly	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart foliup, e.g. then the foliup that the foliate e.g. the foliup that the foliate e.g. then the foliate e.g. then the foliate e.g. then the foliate e.g. the foliate e.g. then the foliate e.g. then the foliate e.g. the foliat		, or onkilo will the yes	, give wor or doles or	SECURITY NO.			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, ostherio, etc. II means the disease, injury or complication which caused dooth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stelling the UNDERLYING CONDITION lost.  The DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION FOR WHICH OPERATION TO THE DISEASE OR CONDITION OF WAS PERFORMED  20 A. AUTOPSYTIFES OR NO.  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION.  DIS		18 (2)		CALICE	1	III.	INTERVAL DETWEE
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliuse, ashenic, etc. II meens the disease, injury of complication which coused death, anteceptor CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.  THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED  21D. THANK (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR?  While A1 Not While Work A1		~ 10	X		OF DEATH		
Completion which coused doubly   Completion which coused doubly				T.	1.01.11		9-103
best foilure, ostherio, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving inse to the above couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DESASE OF CONDITION SCONTRIBUTING THE DEATH BUT NOT RELATED TO THE DESASE OF OFFERATION 198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING CONSIDERED TO CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING CONSIDERED TO CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING CONSIDERED TO CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING COURSE OF DEATH?  21B. PLACE OF INJURY OCCURRED COURSE OF DEATH?  21C. PHYSICIANS While (I) (His hospital) attended the deceased from Sec. 19 Control of the deceased of the Course of the Death of the Death of the Course of the Death of t				(A) UU	<u>cerce</u>	**************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  178. CONDITION FOR WHICH OPERATION WAS PERFORMED  271. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  271. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  272. I Certify that (I) (fais hospital) attended the deceased from OR INJURY OCCUR?  273. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  274. ACCIDENT WAS UNDERLYING While AI Not AIR NOT		DISEASES OR CO	NDITIONS, if ony, ve couse (A) sloti	giving ng the (C)	enoscleration ca	dievan. d	iseare
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 108. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bathimore City, give exact locohon) home, form, loctory, street, office bidg., INJURY OCCUR?  21D. TAME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While AI Work		UNDERLYING CON	IDITION IOSI,				
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFITING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID   OR CONTRIBUTING CAUSE OF DEATH?  21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   While At   Not While   At Work   At	TION	TO THE DEATH	BUT NOT RELATED	RIBUTING INC	monary Hope	Teuri pu	
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (If in Bakimore City, give exact location)   21D. TIME   (Month) (Doy) (Year)   (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   (How)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   (Month) (Doy) (Year)   (How)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   (Month) (I) (we) ost saw the deceased olive on   19	ICA			N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE I	FINDINGS CONSIDERED
Death (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  While At Not While At Work  At Work  22. I certify that (I) (this hospital) ottended the deceased fram 19 cond that in (my) (our) opinion deoth occurred on the ond hour and from the causes stoted above. (I) (We) did) (did nat) view the body after deoth.  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  A DOH  Attending Med.  Director Phys.  23D. ADDRESS  24C. NAME of CEMETERY or CREMATORY  REMOVAL (Specify)  Burial  25C. FUNERAL DIRECTOR  ADDRESS	TIF	2	WAS PERFORM	ED	14	IN CERTIFYING CA	USES OF DEATH?
DEATH (notify medical examiner)	CES	21A. ACCIDENT WA	S UNDERLYING	21 B. PLACE OF INJURY (e.g	, in or obout 21 C. WHERE DID	(If in Ballimore	City, give exact location
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  21E. INJURY OCCURRED  While At Work  At Work  22. I certify that (I) (his hospital) ottended the deceased fram  that (I) (we) lost saw the deceased alive on ond hour and from the causes stoted above. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  Attending Med. Director Phys.  23D. ADDRESS  NAME (Type)  Attending Med. Director Phys.  23D. ADDRESS  NAME (Type)  Attending Med. Director Phys.  23D. ADDRESS  NAME (Type)  Burial CREMATION, 24B. DATE  12-14-66  New Cathedral Cem.  25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS	AL				office bldg., INJURY OCCUR?		
While At Work At Work  22. I certify that (I) (this hospital) ottended the deceased fram  22. I certify that (I) (this hospital) ottended the deceased fram  22. I certify that (I) (this hospital) ottended the deceased fram  22. I certify that (I) (this hospital) ottended the deceased fram  22. I certify that (I) (this hospital) ottended the deceased fram  22. I certify that (I) (this hospital) ottended the deceased fram  23. I certify that (I) (this hospital) ottended the deceased fram  24. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify that (I) (this hospital) ottended the deceased fram  25. I certify	0				010		
22. I certify that (I) (his hospital) ottended the deceased fram  22. I certify that (I) (his hospital) ottended the deceased fram  22. I certify that (I) (his hospital) ottended the deceased fram  23. I certify that (I) (his hospital) ottended the deceased fram  24. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended the deceased fram  25. I certify that (I) (his hospital) ottended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinion deoth occurred on the outended to mean that in (my) (our opinio	ш	OF INJURY	ni (Doyi (Teor) (Ho			UKT OCCUR?	
that (I) (we) as saw the deceased alive on	<	(APPROX.)					
that (I) (we) as saw the deceased alive on		22. I certify that (	1) (this hospital) att	ended the deceased from	Dec. 3	966 to 1)4	e, // 10
ond hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  A Hending Med. Director Phys.  23D. ADDRESS  NAME (Type)  A Hending Med. Director Phys.  23D. ADDRESS  NAME (Type)  24D. LOCATION (Cfy, town, or county)  Burial  12-14-66  New Cathedral Cem.  25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS			And the second second		, , ,		
23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S  NAME (Type)  23D. ADDRESS  NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION  (City, town, of county)  Burial  12-14-66  New Cathedral Cem.  25C. FUNERAL DIRECTOR  ADDRESS						at the (my) (logic op)	on deall accorded ou t
23C. PHYSICIAN'S NAME (Type)  All DOH  Attending Phys.  23D. ADDRESS  NAME (Type)  AM. DOH  ATTENDING M.D.  BON  BON  BON  Correction  (Cfy, town, or county)  Burial  12-14-66  New Cathedral Cem.  25C. FUNERAL DIRECTOR  ADDRESS  Address  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS			the causes stated o	bove. (I) (We) (did) (did nat	) view the body after death.		I
23C. PHYSICIAN'S NAME (Type)  A M DOH YHVET M.D. Bon Secours Hospital  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  Burial  12-14-66  New Cathedral Cem.  23D. ADDRESS  24D. LOCATION (Cfty, lown, or county)  Burial  25A. DATE RECID BY HEALTH DEPT.   25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS		ZSA. SIGNATURE	10 /	100	Augustian - AA-1	Sault and	6
23C. PHYSICIANS NAME (Type)  A M DOH YHOG M.D. Bon Secours Hospital  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Burial  12-14-66  New Cathedral Cem.  25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS		1 lln	when		Phys. Director	Phy s.	Dec. 11.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Cfty, town, or county)  Burial 12-14-66 New Cathedral Cem. Baltimore, Md.  25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR.  ADDRESS		23C.PHYSICIAN'S					_1
Burial 12-14-66 New Cathedral Cem. Baltimore, Md.  25A. DATE RECID BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   25C. FUNERAL DIR		A/	AM DO	H YANGT M.	D. Bon Ser	DAL HA	101 tal
Burial 12-14-66 New Cathedral Cem. Baltimore, Md.  25A. DATE RECID BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   25C. FUNERAL DIR	24A	BURIAL CREMATIO	N. 24B. DATE	24C, NAME of CEMETERY OF	CREMATORY 24D. LO	OCATION ICA	ty, town, or county)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS		REMOVAL (Specify)					
11F1 1 / 1900 /1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2						er ormore, in	
	25A			NAME OF REGISTRAR	LIST TO TO A	101 Edmonde	on Ave.



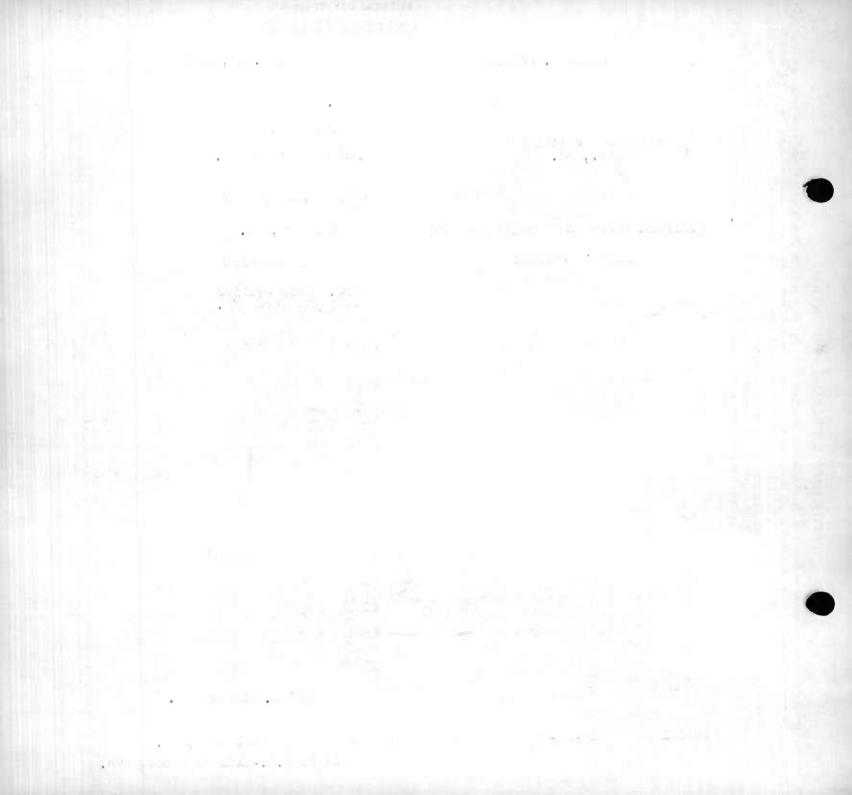
BIRTH NO.	66 12382			TE OF DEATH	Registered Na	66 12382
M.E. CASE NO.  1. NAME OF DE (Type or Print)				2. DATE AN	ID HOUR OF DEATH	
	Elizabeth				. 11, 1966	
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		A. STATE B. COUN	re deceased lived, tf in ITY	stitution: residence before admissio
FULL NAME HOSPITAL OF INSTITUTION		at institution, g	ve street		tside city limits, write	RURAL and give township)
500	4 Parkton St.			Baltimore D. STREET ADDRESS (IF	rural, give lacation)	1 2/
00				5004 Parkton		**
5. SEX	6. RACE Wh	WIDOWED, Wid	NEVER MARRIED DIVORCED (specify) OWED	8. DATE OF BIRTH May 18, 1880	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
	of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	Maryland	ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	Late - John Pho	elan		14. MOTHERS MAIDEN NA  Late - Ma		14.00
5. Was Decease Yes, na or unknov	ed Ever in U. S. Armed For vn) (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mr. Harry Phe 1406 Edmondso	lan n Ave.	ADDRESS
18.44	0.11		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIR	RECTLY	CORON	ADY OCCUSION	- MYOCARDI	
heart failure	nat meon the made af e, asthenia, etc. It means emplication which coused	the disease,	DUE TO	INFARCTION		
	ANTECEDENT CAUSES	3 4 4 (113)	(B)			
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO			
rise la l	the above cause (A)		(C)	2000 000 Amak 000 00 0 ama 00 amak 00 000 00 00 00 00 00 00 00 00 00 00 0		\$
OTHER SIGN	II  NIFICANT CONDITIONS C  DEATH BUT NOT RELA  R CONDITION CAUSING I	ONTRIBUTING	ATHEROSCH	EROTIC CU	DISEASE	
		DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	21 B. home	PLACE OF INJURY(e.g., in the form, foctory, street, of	n or about 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY			e At Not While	e —		
22. I certif	y that (1) (this hospital	) attended th	e deceased from NO	IV. 16	19 6Z to I	DEC. 11 1966
that (I) (we	) last sow the decease	d alive on	DEC, 7	19 66 and th	ot in (my) <del>(our) o</del> pi	nian death occurred an the da
		ed abave. (I)	(We) (did) (did not) v	riew the bady after death.		
23A. SIGNAT	Jung. Schools	2)	M.D. Atte	ending Med.	Stoff	VEC. 12 1966
23C. PHYSICI	IAN'S (Type)	F. Schae		23D. ADDRESS 401 Random	Phys. L	
24A. BURIAL CE	REMATION, 248, DATE		ME of CEMETERY OF CRI			ity, town, ar county) (State)
Buris	(Specify) 12-14-	66 I	oudon Park Ce	em. E	Baltimore, M	d.
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME O	FREGISTRAR	Witzke F.D.		ADDRESS



15	66 12383 BALTIMORE CITY HEALTH DEPARTMENT 66 12383
1.	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
M-263	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD
	JAMES Joseph WATERS December 11, 1966 5:30 A M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Maryland Howard  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	RURAL Ellicott City
	St. Agnes Hospital  D. STREET ADDRESS (If rural, give locotion)
	Bethany Lane
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors   If Under 1 Yr, If Under 24 Hrs,   Months, Ooys   Hours   Min.
	Male White Married Nov. 16,1926 40
	done during most of working life, even if retired)  WHAT COUNTRY?
	Engineer General Motors Balto. Md. USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	Late - James Waters Catherine McDonnell
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT Mrs. Audrey Waters
	Bethany Lane - Ellicott City
	18. 4 2 1 INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH  (This does not meen the mode of dying e.g.,  (A) Arteriosclerotic Cardiovascular Disease  DUE TO
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
	ANTECEDENT · CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE
	DISEASE OR CONDITION CAUSING IT.    Considered   Disease or Condition Causing It.   Disease or Condition   198. Condition for which operation   200. Autopsy? (Yes or No.)   208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED Yes IN CERTIFYING CAUSES OF DEATH? Yes
	21A EXTERNAL CAUSE WAS 21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
	UTING CAUSE OF DEATH.
	21D TIME (Month) (Doy) (Yeo) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
1	(APPROX.)  MHILE AT NOT WHILE AT WORK
	I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER A
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 12/11/66
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
	Burial 12-14-66 St. Alphonsus Cem. Woodstock-Balto., Md.
	24A. DATE REC'D RY HEALTH DEPT. 24R NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	DEC 18 1966 Robert E. Falley Mitzke F.D4101 Edmondson Ave.
	VS 151-REV. 1/1/65



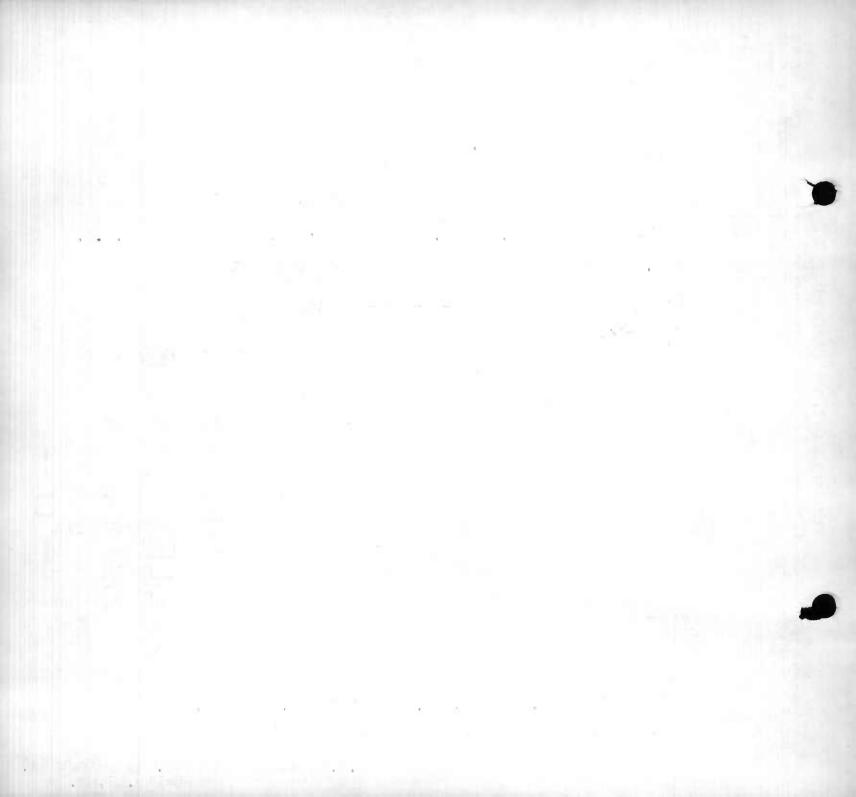
BALTIMORE CITY	HEALTH DEPARTMENT	66 12384
CERTIFICA	TE OF DEATH Regist	tered No.
		OE DEATH
ins		
	4. USUAL RESIDENCE (Where deceased	l lived. If institution: residence before admissi
on, give stroet	Md. C. CITY OR TOWN (If outside city li	mits, write RURAL only give township)
	D. STREET ADDRESS (If rurol, give 1 1025 Stamford Rd.	ocotion
IED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	yeors If Under 1 Yr. If Under 24 Months Doys Hours Mir
		y) Months Doys Hours Min
OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
imore City	Baltimore, Md.	USA
	14. MOTHERS MAIDEN NAME	
	Mary Ann Finn	
16. SOCIAL SECURITY NO.	Mrs. Marie Jenkins 1025 Stamford Rd.	ADDRESS
e.g., Due to	rebeal the	linu interval Between onset and Death 12 m
(C) (+	CVD	years
THE to one	tes still-c	Tilsoy
OR WHICH OPERATION		YES, WERE FINDINGS CONSIDERED 1FYING CAUSES OF DEATH?
218. PLACE OF INJURY (o.g., in home, lorm, foctory, street, or otc.)	n or obout 21 C. WHERE DID (If ffice bldg., INJURY OCCUR?	in Boltimoro City, give exact location)
		JR?
ed the decelosed from	1966	10 12/10 1960
		(dur) aprillan again accurred an the
e. (I) ( <del>We)</del> (did) ( <del>did not)</del> v	riew the bady after death.	238, DATE SIGNED
M.D. Atte	ending Med. Stoff Phys.	Low Divile States
	23D. ADDRESS 206 S. Gilmor	e St.
	EMATORY 24D. LOCATION	(City, town, or county) (State
Reltimore Nett	onel Polti-	mo Ma
ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
Bull E. Jalley M. B.	Witzke F.D4101	Edmondson Ave.
	CERTIFICA  ins  ins  ion, give stroet  ion of security no.  CAUSE O  CAUSE O  IA)  CAUSE O  IA)  ION  ION  ION  ION  ION  ION  ION  IO	ins    2. Date and hour   Dec. 10, 1



BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered Na.				
M.E. CASE NO.					
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD				
DOROTHY T. DIVER	December 9, 1966 7:45 A.M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE Maryland  Maryland  Maryland				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
INSTITUTION	Baltimore 21205				
Johns Hopkins Hospital (DOA)	D. STREET ADDRESS (If rurol, give locotion)				
99	2034 E. Eager Street				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	R. DATE OF RIGHTH 9. AGE (In years   If linder 1 V. If Linder 24 Her				
Female White single	Sept. 22. 1.895   Ost bighty   Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if religed)					
Nursing, Hospital.	Baltimore Md. WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John A. Diver	Mary Oertel				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Doris Sargent				
no 220-30-0660-A	2034 E. Eager St. Baltimore 21205				
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE ON COMPINION DIRECTE!	ensive and arteriosclerotic				
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	ardiovascular disease				
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)					
ANTECEDENT · CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
Z (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISA, DATE OF OPERATION 1798, CONDITION FOR WHICH OPERATION WAS PERFORMED					
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?				
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  office bldg, INJURY OCCUR?				
UTING CAUSE OF DEATH.	office bidg., INJURY OCCUR?				
2 21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) WHILE AT NOT	WHILE				
m. WORK AT W					
	topsy and that on this bosis, death in my opinion				
resulted fram: Natural causes X Accident Suicid					
SIGNATURE Clearle J. Japan M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER December 9, 1966				
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY C	CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
Burial Dec. 12.1966 Baltimore					
	force and the second se				
DEC 12 1956 Class 2 Table 148	HENRY SANDER & SONS. INC.				

If Under 24 Hrs.

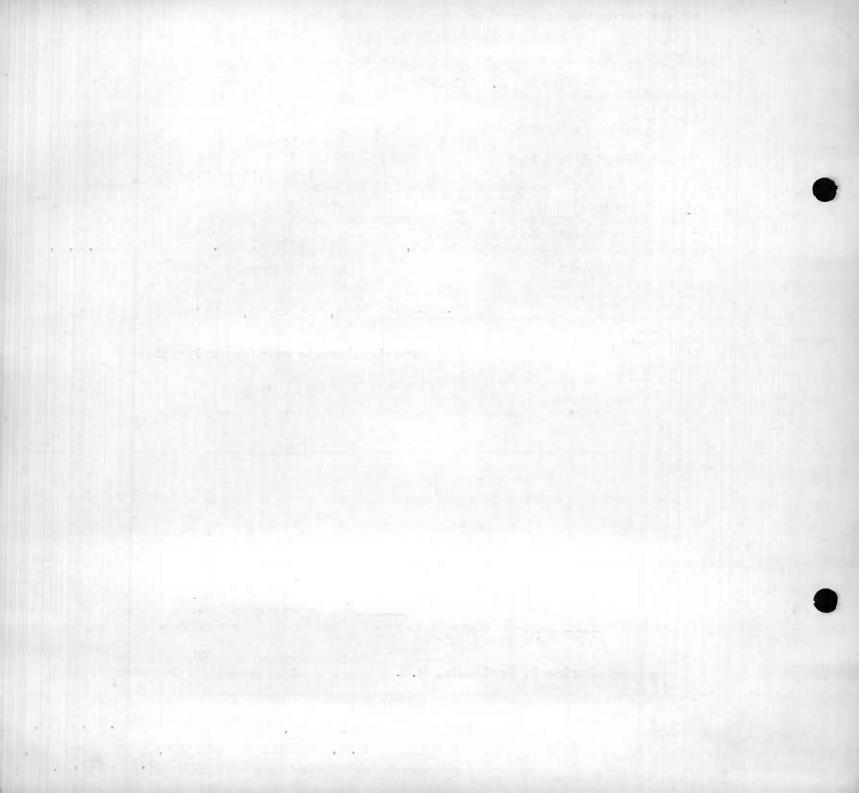
Hours



BALTIMORE CITY HEALTH DEPARTMENT

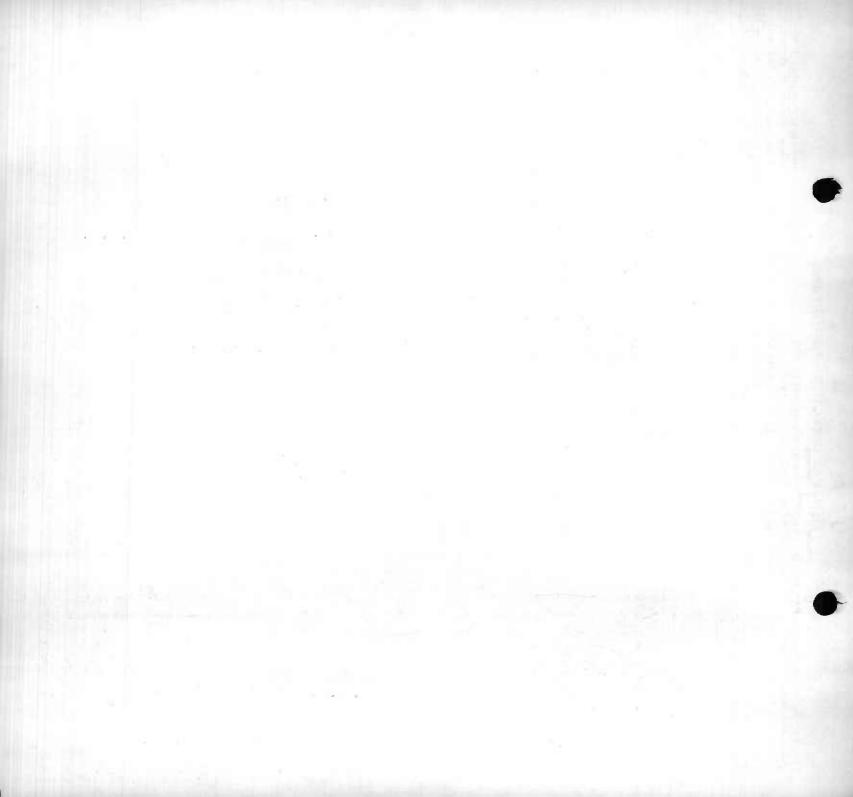
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 12387

	CASE NO.								
Type	AME OF DECEASED	name D			HOUR PRONOUNC		7 00 4		
				GILLESPIE		Decem	ber 9, 196	6	7:00 A. M.
. PL	ACE IN BALTIMORE	MARY	AND, WHERE PRONO	UNCED DEAD	A. STATE	ENCE (Where d	eceased lived. If inst <b>B. CO</b> l	itutian; resid JNTY	ence before admission)
ULL	NAME OF (IF	NOT IN	HOSPITAL OR INSTIT	UTION, GIVE STREET		aryland		500541	
1OS NSTI	PITAL OR A	DDRESS	OR LOCATION)				corporate limits, write	RUKAL an	d give fawnship)
1	4				В	altimore		1/0	6
-	Union Memo	orial	Hospital	(DOA)	D. STREET ADDR	RESS (If rurol, g	rive location)		
4	a				1:	824 Chil	ton Street		
. SE	6. RAC	CE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	1	9. AGE (In years last birthday)		1 Yr. If Under 24 Hrs.
м	ale Wh	nite		ried	5/30/19	08	58	ivian in s	Doys   Haurs   Min.
0A.I	USUAL OCCUPATIO	N (Give k	ind of work 10B, KIND O	F BUSINESS OR INDUSTRY				12. CITIZE	N OF
one	during most of working	tife, even	if refired) Metro	politan				WHAT	COUNTRY?
3 E	Consultan	t	Insui	rance Co.	Balt:	IMOPO	Md .		U.S.A.
	David Gil		ie						
						yn Hays	3		
	AS DECEASED EVE no or unknown), (If yes		ar or dates af service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
3	Tes W	WTT		212-09-2475	Mra Ha	Tice M	Gilleen	ia	(Same)
_	8.	22			OF DEATH	LICO EL	GILLESD		INTERVAL BETWEEN
	4 dd.	/ 1							ONSET AND DEATH
	DISEASE OR	CONDI	TION DIRECTLY	Arteri	oscleroti	c cardio	vascular d	isease	
	(This daes not me	on the	made of dying, e.g.,	DUE TO					
	heart failure, asther	nia, etc.	It means the disease,						
			CAUSES	(B)					
			NS, IF ANY, GIVING	DUE TO				•••••••••••••••••••••••••••••••••••••••	
	UNDERLYING CO								
5				(C)					
Ó -		II.							
<u>ે</u>			IDITIONS CONTRIBUTE						
=_	DISEASE OR CON				• • • • • • • • • • • • • • • • • • • •				
44	9A. DATE OF OPER		198, CONDITION FOR	WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FI		
	2.				Yes	"	CERTIFYING CAU	313 01 017	5111.
<b>₹</b> 2	IA. EXTERNAL CAU	SE WAS		PLACE OF INJURY (e.g., e, form, foctory, street, o	fice bldg INTURY	HERE DID (IF	in Boltimore City, gi	ve exact lac	cotion)
	TING CAUSE OF		etc.)	s, tonn, lociary, sweet, o	mee drags, HAJORT	OCCOR:			
Σ,	ID TIME (Mon	th) (Do	y) (Year) (Hour)	TE. INJURY OCCURRED	21 F HC	W DID INJUR	V OCCIIP?		
C	OF INJURY	1117 (00	,			711 DID 111301	il occok:		
	APPROX.)			WHILE AT NOT W	ORK				
	22. I certify th	at I hal	d an Inquiry	Inspection Aut	apsy X and	l that an this	basis, death in r	ny aninian	
						. 🖂			
	resulted fr		^	Accident Suicide	_		ndetermined mann	er	
	2.000	ni		1 - 2	CHIEF ME	EDICAL EXA	MINER		DATE SIGNED
	ACTUAL SIGNATURE_	C	innly J. c	M.D.	ASSISTANT ME	EDICAL EXA	MINER		DATE STORES
	EXAMINER'S	Cha	rles S. Spr	ingate, M.D.	ASSOCIATE M	EDICAL EX	AMINER De	cember	9, 1966
	NAME (Type)								
	BURIAL CREMATIO	N, 238.	DATE 23	C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City	, town, ar co	aunty) (State)
	OVAL (Specify)		12012011			Dox	alerra TT a	Rolto	Co Ma
44	Burial DATE REC'D BY HE	ALTH D	/12/1966	Moreland Me	morial	N Precior	waltre,	Darro	.Co., Md.
4171	DEC	19	1066 100	JE Tailey MA	H.W. Tor	iking &	Song Co	1,00	5 Vonle Ra
	DEC	1 3. 6	1200 11000		TT . M . D QT	INTIID 0	Tell Stille	470	5 York Rd.
/c 1	E1 DEV/ 1/1/45		1				Dal	UVALC	, Till a



VS 150-REV. 1/1/65

66 12388	DATE INTOKE CIT	HEALTH DEPARTMENT	00 100
AKIN NO.	CERTIFICA	TE OF DEATH Registered N	66 12368
A.E. CASE NO.		2. DATE AND HOUR OF DEA	CTH .
Type or Print)  RICHARD N. ET	DWA RDS	DEC. 9.1966	15:10 P
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived.	If institution: residence befare admissio
		A. STATE B. COUNTY	9115
FULL NAME OF (If not in hospital ar instit oddress or location)	tution, give street	MARYLAND BALTIMOR	ite RURAL and give township)
INSTITUTION 700 LIONATECHTEAT	aminimum aminimum		THE ROKAL ONG GIVE TOWNSHIP
700 HOMESTEAD	STREET	D. STREET ADDRESS (If rurol, give location)	
00		700 HOMESTEAD STRE	
SEX   6. RACE   7. MA	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hr
Wit	DOWED, DIVORCED (specify)	lost birthdoyl	Months Doys Hours Min.
MALE WHITE MATE A. USUAL OCCUPATION (Give kind of work) 10 B, KI	RRIED	SEPT. 23,1886 80	12. CITIZEN OF
one during most of working life, even if relired)	IAD OL BOSHAESS OK HADOSIKI	Ti. Bikini LACE (Stole of foreign country)	WHAT COUNTRY?
GENERAL CONSTRUCTION		PA.	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ROBERT N. EDWARDS		KATE JONES	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of se		A STALA DA TENALA DE G	o 1101(730/731/73) om
NO	218-10-2786		O HOMESTEAD ST.
18.450.0 4260	X	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	600	ordized Arteniosclevosis	3 years
(This daes not mean the made of dying,	e.g., DUE TO	everized Artenioscievasis	- Genry
healf failule, asthenio, etc. 11 means the di	seose,		V
injuly of complication which coused death.			
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if ony,			
laise to the above source (A) station	m the		
rise to the above couse (A) stating UNDERLYING CONDITION lost,	g fhe (C)		
UNDERLYING CONDITION lost.	g fhe (C)		
UNDERLYING CONDITION lost,		- 11 11 st	/ ^
UNDERLYING CONDITION lost,  II  OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		s Mollitus	10 years
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING DISLETO	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	ERE FINDINGS CONSIDERED
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN	BUTING DISLETO	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONDITION WAS PERFORMED.	BUTING DISTORTED TO THE	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WI IN CERTIFYING	ERE FINDINGS CONSDERED
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	BUTING Disbeto	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WI IN CERTIFYING	ERE FINDINGS CONSDERED CAUSES OF DEATH?
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	BUTING DICLETON  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., indicated)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WI IN CERTIFYING n or about 21C. WHERE DID (If in Boltiffice bldg., INJURY OCCUR?	ERE FINDINGS CONSDERED CAUSES OF DEATH?
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour OF INJURY)	BUTING DICLETON  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING  n or obout 21C. WHERE DID (If in Bolti ffice bldg., INJURY OCCUR?	ERE FINDINGS CONSDERED CAUSES OF DEATH?
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A- DATE OF OPERATION 19B. CONDITION WAS PERFORMENT OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  DEATH (notify medicol exominer)	BUTING DICLETON  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING n or obout 21C. WHERE DID (If in Bolti ffice bldg., INJURY OCCUR?	ere FINDINGS CONSIDERED CAUSES OF DEATH?
UNDERLYING CONDITION lost,  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hours of Injury)	BUTING TO THE DIGGETO  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., index of the content of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING  n or obout 21C. WHERE DID (If in Bolti ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	ERE FINDINGS CONSDERED CAUSES OF DEATH?
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour (APPROX.)	BUTING TO THE DICLETO  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., index) home, form, foctory, street, one etc., one with the control of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING  n or obout 21C. WHERE DID (If in Bolti INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	more City, give exact location)
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour CAUSE)  21D. TIME (Month) (Doy) (Year) (Hour CAUSE)  22. I certify that (1) (this hospital) after that (1) (we) lost sow the deceased alive	BUTING TO THE DIGGETO  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., independent of the control of the contr	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING  n or obout 21C. WHERE DID (If in Bolti INJURY OCCUR?)  21F. HOW DID INJURY OCCUR?	more City, give exact location)
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRITOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (1) (This hospital) other	BUTING TO THE DISCOLOR  FOR WHICH OPERATION  218. PLACE OF INJURY(e.g., in the land of the	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING n or obout 21C. WHERE DID (If in Bolti ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	more City, give exact location)
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour CAUSE)  21D. TIME (Month) (Doy) (Year) (Hour CAUSE)  22. I certify that (I) (this hospital) other that (I) (was lost sow the deceased alive and hour and from the causes stated obtained.	BUTING TO THE DISCOLOR  FOR WHICH OPERATION  218. PLACE OF INJURY(e.g., in the land of the	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING n or obout 21C. WHERE DID (If in Bolti ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	more City, give exact location)  Documber 19 66
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (I) (this hospital) after that (I) (we) lost sow the deceased alivery ond hour and from the causes stated about 23A. SIGNATURE	BUTING TO THE DISCOLOR  FOR WHICH OPERATION  218. PLACE OF INJURY(e.g., in the land of the	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING n or obout 21C. WHERE DID (If in Bolti ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 to ond that in(my) (out) view the body after death.  ending Med. Director Phys. D	more City, give exact location)  Documber 19
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour (APPROX.)  22. I certify that (I) (this hospital) ofter that (I) (we) lost sow the deceased alive and hour and from the causes stated obtained.	BUTING TO THE DIGGETO  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., independent of the control of the contr	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING  n or obout 21C. WHERE DID (If in Bolti ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 to ond that in(my) (out) view the body after death.  23D. ADDRESS	more City, give exact location)  Documber 19
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour of INJURY (APPROX.)  22. I certify that (I) (this hospital) attent that (I) (we) lost sow the deceased alive and hour and from the coases stated about 23A. SIGNATURE  23C. PERSICIANA NAME (I) (I)  23C. PERSICIANA NAME (I) (I)  23T. PERSICIANA NAME (I) (I)  23T. PERSICIANA NAME (I) (I)	BUTING TO THE DIGGEO  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., index) to the content of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING  n or obout 21C. WHERE DID  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 ond that in (my) (out)  19 6 ond that in (my) (out)  23D. ADDRESS  3 202 Har Ford Rd	more City, give exact location)  Documber 19
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour of INJURY (APPROX.)  22. I certify that (I) (this hospital) attent that (I) (we) lost sow the deceased alive and hour and from the coases stated about 23A. SIGNATURE  23C. PERSICIANA NAME (I) (I)  23C. PERSICIANA NAME (I) (I)  23T. PERSICIANA NAME (I) (I)  23T. PERSICIANA NAME (I) (I)	BUTING TO THE DIGGETO  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., independent of the control of the contr	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING  n or obout 21C. WHERE DID  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 ond that in (my) (out)  19 6 ond that in (my) (out)  23D. ADDRESS  3 202 Har Ford Rd	more City, give exact location)  Documber 19
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour of INJURY (APPROX.)  22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased alive and hour and from the coases stated about 23A, SIGNATURE  23C. PRISICIANS NAME (Lac)  LOY M. ZIMMERMAN	BUTING TO THE DIGGEO  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., index) to the content of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING  n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 to	ERE FINDINGS CONSDERED CAUSES OF DEATH?  more City, give exact location)  FOR Combon 19 66  Popinion death occurred on the do  23B. DATE SIGNED  12 10/66  Baltimere, Md  (City, town, or county) (State)



MARCHEL ILLEGAPE

Isnal PYDM 2 YUMATIE & 3311 Beech Avenue PO TP-18-10 MESHERIA

bM, Shavebert dost o itse

Yes

01-51 13 12-10-61

AT 12 LA TENE

M. Cancasina Retend Attorney

Henry Skrentny

IMPORTANT

DIRECTOR:

FUNERAL

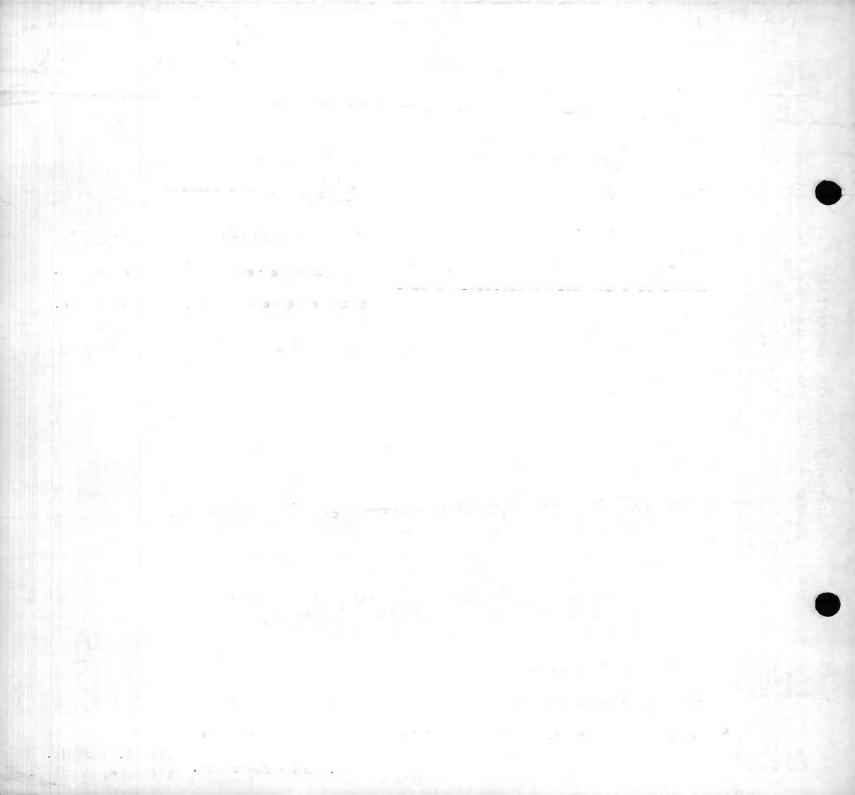
3.5

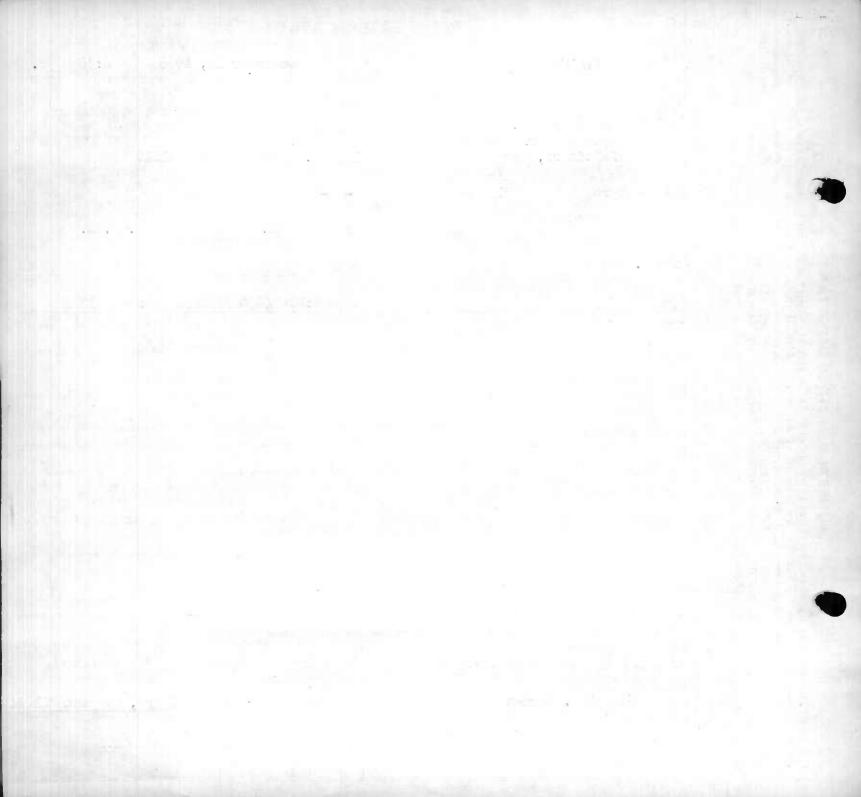
IMPORTANT

DIRECTOR:

FUNERAL

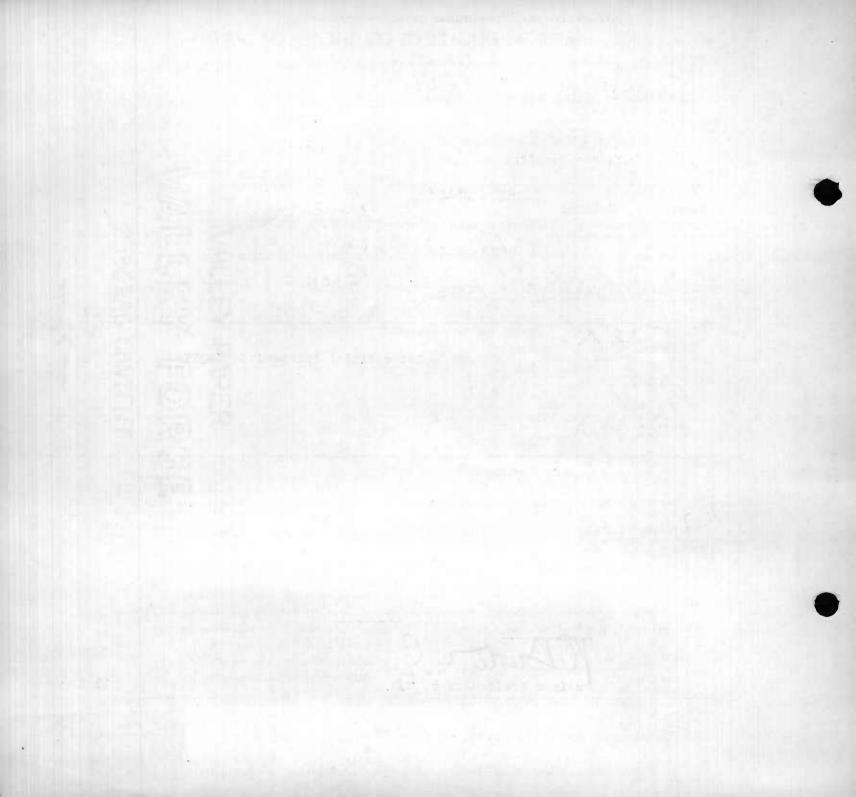
VS 150-REV, 1/1/65





## BALTIMORE CITY HEALTH DEPARTMENT 66 12393 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 16. 24234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12393

1. NAME OF DE	CEASED				2. DATE AND HOUR PRONOUNCED DEA	D
riype of tillin			FORRECT		December 10, 1966	6:45 A
PLACE IN RAL	DERRIA	HERE PRONOUR	FORREST	TA HISHAI PESIT	DENCE (Where deceased lived. If institution: re	M
		TIERE TROTTOG	TOLD DEAD	A. STATE	B. COUNTY	sidence belote dumination
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	TON, GIVE STREET		yland WN (If outside corporate limits, write RURAL	and give township)
OSPITAL OR	ADDRESS OR LOCA	ATION		C. CIII OK 10	the distance corporate limits, while kokate	Ond give lownship
. 11	T (1 T	1			ltimore / 6	-04
46	Lutheran Hosp	pital			RESS (If rurol, give location)	
1				111	12 McKean Avenue	
5. SEX	6. RACE		NEVER MARRIED IVORCED (specify)	B. DATE OF BIRT		der 1 Yr. If Under 24 Hr. s, Doys : Hours , Min.
Female	Colored	WIDOWED, DI	TVORCED (Specify)	11- 9-	- 1966	Is Doy's Hours Willi.
OA. USUAL OCC	UPATION (Give kind of worl	KTOB. KIND OF	BUSINESS OR INDUSTR	NITHPLACE	1140	TIZEN OF
	working life, even if retired)	That	Lant	Pall		HAT COUNTRY?
3. FATHER'S NAM	46	10	THIVI	14. MOTHER'S M	/ KA .	
S. PAIRER S NAM	VIE .	1		14. MOTHER'S M	TAIDEN NAME	
(500)	rge torre	ST		BREN	ida Thompson	
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
103, 110 01 01101110111	The year, give wor or gole	s or service	3200/017 110.	N. ROOM	do themason IIIR	moto o
[1B.			CALLS	1412 - DECIA	on thompson 111%	TIMERVAL BETWEEN
5	25 %		CAUS	E OF DEATH	¥	ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		1 .	· · · · · (OD TT)	
(This door	LEADING TO DEATH		(A)	stitial Pr	neumonitis (SDII)	
heort foilure	, osthenio, etc. It meons	the discose,	DUE TO			
injuly of co	implication which coosed	de om.				
	ANTECEDENT CAUSES	S	(B)			
	OR CONDITIONS, IF A	NY, GIVING	DUE TO			
			DUE 10			
	NG CONDITION LAST.		DUE 10			
UNDERLYI			(C)	•••••	78.0	
UNDERLYI	NG CONDITION LAST.	TATING THE	(C)			
UNDERLYI	NG CONDITION LAST.  II  ENIFICANT CONDITIONS	CONTRIBUTION	(C)G			
UNDERLYI	NG CONDITION LAST.	CONTRIBUTION	(C)G			
OTHER SIGN TO THE DISEASE OF THE DIS	IS CONDITION LAST.  II SUBJECT OF THE STATE	CONTRIBUTING THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION FOR W	(C)	20A. AUTOPSY	7? (Yes or No) 208, IF YES, WERE FINDINGS	DEATHS
OTHER SIG	NG CONDITION LAST.  II SNIFICANT CONDITIONS DEATH BUT NOT REI	CONTRIBUTING THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION FOR W	(C)	20A. AUTOPSY Yes	(Yes or No) 208, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19	II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER	CONTRIBUTION LATED TO THE G IT. HOTTON FOR W FORMED	G IE CHICH OPERATION	Yes	IN CERTIFYING CAUSES OF	DEATH? Yes
OTHER SIG TO THE DISEASE CO 19A. DATE OF	II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 198, CON WAS PER	CONTRIBUTION LATED TO THE G IT. HOTTON FOR W FORMED	G IE VHICH OPERATION	Yes	IN CERTIFYING CAUSES OF	DEATH? Yes
UNDERLYI  OTHER SIGN TO THE DISEASE OF 19A. DATE OF 21A. EXTERNA UNDERLYING UTING CAL	II  SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER L CAUSE WAS OR CONTRIB- JSE OF DEATH.	CONTRIBUTION LATED TO TH G IT. HOITION FOR W IFORMED    21B. PI home, etc.)	GE /HICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,	Yes	WHERE DID (If in Boltimore City, give exact Y OCCUR?	DEATH? Yes
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING 21A. EXTERNA UNDERLYING 21D TIME OF INJURY	II  SINIFICANT CONDITIONS DEATH BUT NOT RE OF CONDITION CAUSING F OPERATION 19B, CON WAS PER  L CAUSE WAS	CONTRIBUTION LATED TO TH G IT. HOITION FOR W IFORMED    21B. PI home, etc.)	G IE  /HICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,	Yes in or obout 21C, Voffice bldg., INJUR	IN CERTIFYING CAUSES OF	DEATH? Yes
UNDERLYI  OTHER SIG TO THE DISEASE C  19A. DATE OF UNDERLYING UTING CAL  21D TIME	II  SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER L CAUSE WAS OR CONTRIB- JSE OF DEATH.	CONTRIBUTING LATED TO TH G IT.  AUDITION FOR W FORMED  21B. PI home, etc.)	G IE  CHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT	Yes	WHERE DID (If in Boltimore City, give exact Y OCCUR?	DEATH? Yes
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING 21D TIME OF INJURY (APPROX.)  22.	II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Yeon	CONTRIBUTION LATED TO TH G IT. IDITION FOR W IFORMED    21B. Pi   home, etc.   www.	G IE  CHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT ORK AT V	Yes in or obout 21C, Voifice bldg., INJUR. 21F. H	WHERE DID (If in Boltimore City, give exect Y OCCUR?	DEATH? Yes
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING 21A. EXTERNA UNDERLYING UNDERLYING 21D TIME OF INJURY (APPROX.) 22.	II  SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER L CAUSE WAS OR CONTRIB- JSE OF DEATH.	CONTRIBUTION LATED TO TH G IT. IDITION FOR W IFORMED    21B. Pi   home, etc.   www.	G IE  CHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT ORK AT V	Yes in or obout 21C, Voifice bldg., INJUR. 21F. H	WHERE DID (If in Boltimore City, give exact Y OCCUR?	DEATH? Yes
UNDERLYI  OTHER SIGN TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING 19A. DATE OF 19A. DAT	II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Yeon	CONTRIBUTION LATED TO TH GIT. IDITION FOR W IFORMED    21B. Pi home, etc.   1) (Hour)   21    W.	G IE  CHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT ORK AT V	Yes in or obout 21C, Northcondition bidg. INJUR 21F, H WHILE VORK an	IN CERTIFYING CAUSES OF WHERE DID Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death In my opin	DEATH? Yes
UNDERLYI  OTHER SIGNOTO THE DISEASE OF 19A. DATE OF UNDERLYING UTING CALL  21A. EXTERNA UTING CALL  21A. EXTERNA OF INJURY (APPROX.)  22. I cer	II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 198, CON WAS PER NL CAUSE WAS OR CONTRIB- USE OF DEATH.  (Month) (Doy) (Year	CONTRIBUTION LATED TO TH GIT. IDITION FOR W IFORMED    21B. Pi home, etc.   1) (Hour)   21    W.	G IE  /HICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT AT V  Inspection AL	Yes in or obout 21C, No office bldg INJUR 21F, H WHILE VORK and Hamici	IN CERTIFYING CAUSES OF WHERE DID Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death In my opin ide Undetermined manner	DEATH? Yes
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING 21A. EXTERNA UNDERLYING 21D TIME OF INJURY (APPROX.)  22. I cer	II  SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER  L CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Yeol	CONTRIBUTION LATED TO TH GIT. IDITION FOR W IFORMED    21B. Pi home, etc.   1) (Hour)   21    W.	G IE  CHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT AT V  Inspection At V  ccident Suicid	Yes in or about 21C, \ office bldg. INJUR 21F, H WHILE vork an He Hamici	IN CERTIFYING CAUSES OF WHERE DID (If in Boltimore City, give exect Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death In my opin ide Undetermined manner  EDICAL EXAMINER	DEATH? Yes
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UTING CAL 21A. EXTERNA UNDERLYING UTING CAL 21D TIME OF INJURY (APPROX.)  22. I cer resu  ACTUA SIGNAT	II  SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER OR CONTRIB- JUSE OF DEATH.  (Month) (Doy) (Yeol Ortify that I held an II Ited from: Natural cau	CONTRIBUTION LATED TO TH GIT. IDITION FOR W IFORMED    21B. Pi home, etc.   1) (Hour)   21    W.	G IE  /HICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED  HILE AT NOT AT V  Inspection AL	Yes in or obout 21C, V office bldg. INJUR 21F, H while vork and Hamici CHIEF M ASSISTANT M	IN CERTIFYING CAUSES OF WHERE DID (If in Boltimore City, give exect Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death In my opin ide Undetermined manner  EDICAL EXAMINER  EDICAL EXAMINER	DEATH? Yes I location)  Ian  DATE SIGNED
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING 21A. EXTERNA UNDERLYING 21D TIME OF INJURY (APPROX.)  22. I cer	II  SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER L CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Yeor	CONTRIBUTION LATED TO TH GIT.  21 B. Pi home, etc.,  1) (Hour) 21 W. Inquiry uses X Ac	G LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED HILE AT NOT AT V Inspection At v cident Suicion  M.E. Suicion  M.E. Suicion	Yes in or obout 21C, V office bldg. NJUR 21F, H white vork atopsy & an CHIEF M ASSISTANT M ASSOCIATE M	IN CERTIFYING CAUSES OF WHERE DID (If in Boltimore City, give exect Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death In my opin ide Undetermined manner  EDICAL EXAMINER	DEATH? Yes
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UTING CAL  21A. EXTERNA 21A. EXTERNA 21A. EXTERNA 21A. EXTERNA 31GNAT EXAMIN NAME ( 33A. BURIAL CRE	II  INTRICANT CONDITION LAST.  II  INTRICANT CONDITIONS DEATH BUT NOT REINTRICANT CONDITIONS DEATH BUT NOT REINTRICANT NOT REI	CONTRIBUTION LATED TO TH GIT.  21 B. Pi home, etc.,  1) (Hour) 21 W. Inquiry uses X Ac	G IE  WHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, form, foctory, form, foctory, form, foctory, form, foctory, street, form, foctory, form, foctory, form, foctory, street, form, foctory, foctory, form, foctory, foctory, foctory, form, foctory, foct	Yes in or obout 21C, V office bldg. NJUR 21F, H white vork atopsy & an CHIEF M ASSISTANT M ASSOCIATE M	IN CERTIFYING CAUSES OF WHERE DID (If in Boltimore City, give exect Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death In my opin ide Undetermined manner  EDICAL EXAMINER  EDICAL EXAMINER	DEATH? Yes I locotion)  DATE SIGNED  12/10/66
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING OF INJURY (APPROX.)  22. I cer resu  ACTUA SIGNAT EXAMIN NAME (  33A. BURIAL CRE	II  INTRICANT CONDITION LAST.  II  INTRICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19B. CON WAS PER  INTRICANT NOT REI OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Yeor  It of the from: Natural cau  L  URE NER'S Type) Rudige:  MATION, 23B. DATE  (Y)	CONTRIBUTION LATED TO THE STR. POR WIFORMED    21B. Pi   home, etc.,   will might be set.,   will might be set	G LACE OF INJURY (e.g., form, foctory, street,  E. INJURY OCCURRED HILE AT NOT AT V Inspection At v cident Suicion  M.E. Suicion  M.E. Suicion	Yes in or obout 21C, V office bldg. NJUR 21F, H white vork atopsy & an CHIEF M ASSISTANT M ASSOCIATE M	IN CERTIFYING CAUSES OF WHERE DID (If in Boltimore City, give exect Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death in my opin ide Undetermined manner  EDICAL EXAMINER  EDICAL EXAMINER  IEDICAL EXAMINER	DEATH? Yes I locotion)  DATE SIGNED  12/10/66
UNDERLYI  OTHER SIGNOTION  TO THE DISEASE OF 19A. DATE OF	II  SNIFICANT CONDITION LAST.  DEATH BUT NOT REINT NOT R	CONTRIBUTION LATED TO THE STREET THE STR	GIE  WHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form, foctory, foctory, form, foctory, form, foctory, form, foctory, foctory,	Yes in or obout 21C, Noffice bldg INJUR 21F, H white 21F, H white CHIEF M ASSOCIATE M or CREMATORY	IN CERTIFYING CAUSES OF WHERE DID (If in Boltimore City, give exect Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death In my opin ide Undetermined manner  EDICAL EXAMINER  EDICAL EXAMINER  EDICAL EXAMINER   123D. LOCATION (City, lown, co	DEATH? Yes  I locotion)  DATE SIGNED  12/10/66  Or county) (Stote)
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING ISACHIOLOGICAL ACTUAL SIGNAT EXAMIN NAME (  SAA, BURIAL CRE REMOVAL (Specific	II  SNIFICANT CONDITION LAST.  DEATH BUT NOT REI  OR CONDITION CAUSING F OPERATION 198. CON WAS PER  L CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Yeol  OR CONTRIB- JSE OF DEATH.  CHIEF S Rudige:  MATON, 238. DATE  OR BY HEALTH DEPT.	CONTRIBUTINI LATED TO TH G IT. B IT.  21B. Pi home, etc.  1) (Hour) 21  m. Wi Inquiry uses x Ac  23C  24B. NAME 0	GIE  WHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form, foctory, foctory, form, foctory, form, foctory, form, foctory, foctory,	Yes in or obout 21C, V office bldg. NJUR 21F, H white vork atopsy & an CHIEF M ASSISTANT M ASSOCIATE M	IN CERTIFYING CAUSES OF WHERE DID (If in Boltimore City, give exect Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death In my opin ide Undetermined manner  EDICAL EXAMINER  EDICAL EXAMINER  EDICAL EXAMINER   123D. LOCATION (City, lown, co	DEATH? Yes (locotion)  Ian  DATE SIGNED  12/10/66
UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING UNDERLYING 21A. EXTERNA 21D TIME OF INJURY (APPROX.)  22.  I cer resu  ACTUA SIGNAT EXAMIP NAME ( 3A. BURIAL CRE	II  SNIFICANT CONDITION LAST.  DEATH BUT NOT REINT NOT R	CONTRIBUTINI LATED TO TH G IT. B IT.  21B. Pi home, etc.  1) (Hour) 21  m. Wi Inquiry uses x Ac  23C  24B. NAME 0	GIE  WHICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form, foctory, foctory, form, foctory, form, foctory, form, foctory, foctory,	Yes in or obout 21C, Noffice bldg INJUR 21F, H white 21F, H white CHIEF M ASSOCIATE M or CREMATORY	IN CERTIFYING CAUSES OF WHERE DID (If in Boltimore City, give exect Y OCCUR?  OW DID INJURY OCCUR?  d that on this basis, death In my opin ide Undetermined manner  EDICAL EXAMINER  EDICAL EXAMINER  EDICAL EXAMINER   123D. LOCATION (City, lown, co	DEATH? Yes  I locotion)  DATE SIGNED  12/10/66  Or county) (Stote)

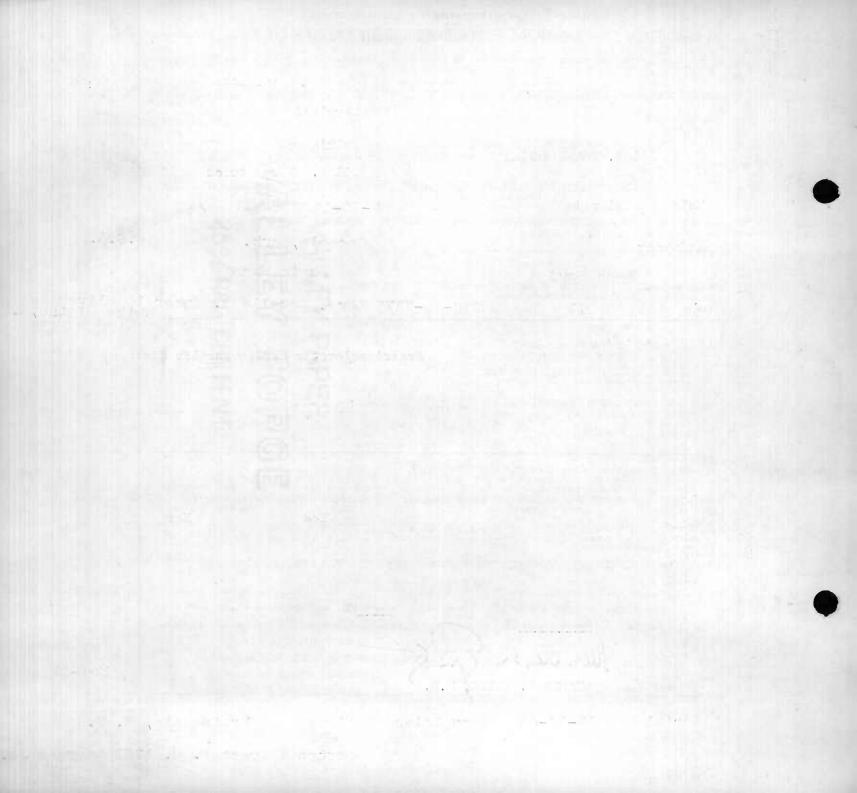


BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.66 12394

ME CASE NO	MEDI	CALLA	AMIINERS	LKIII ICAIL C	יו ט	LA III Kegisiei	160 11022	
M.E. CASE NO. 1. NAME OF DECEASE	D			2. DAT	E AND	HOUR PRONOUNCE	D DEAD	
(Type ar Print)	HU	CII	WHITNEY		12-6	-66	12:	10 A M.
FULL NAME OF	E, MARYLAND, W	HERE PRONOL		A. STATE Maryland	Where d	cceased lived. If insti B. COU	tution: residence b	efare admission)
HOSPITAL OR A	DDRESS OR LOCA	TION)		Baltimore	autside	corporate invits, write	-6	ta wn s nip/
311	S. SHARP S	TREET		D. STREET ADDRESS (1) 311 S. Sha			1201	
5. SEX 6. RA	CE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	TP D	9. AGE (In years	If Undar 1 Yr. I	F Under 24 Hrs.
Male Co	olored	WIDO WED, I	DIVORCED (specify)	9-20-1922		last birthday)	Months, Days	Hours Min.
dane during mast of warking		108. KIND OF	BUSINESS OR INDUSTRY	Osceola,	_		12. CITIZEN OF WHAT COULD S.A.	NTRY?
3. FATHER'S NAME				14. MOTHER'S MAIDEN				
Jo	hn Boyd			Mamie	Mar	nn		
15. WAS DECEASED EV Yes, no ar unknown), (If ye	ER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
yes	WW 11	s di servicer	372-20-727	Mrs. Lou	ella	B. Bake:	White F	ver Ave
ANTE  DISEASES OR C RISE TO THE ABI  UN DERLYING C  OTHER SIGNIFIC  TO THE DEA	ean the made of enio, etc. It means than etc. It means than etc. It means than etc. It means that etc. It me	The disease, death,)  S.  NY, GIVING TATING THE  CONTRIBUTION  LATED TO T  JIT.  IDITION FOR		20A. AUTOPSY? (Yes o	or No) 2	20B. IF YES, WERE FII N CERTIFYING CAUS YOS	NDINGS CONSIDE SES OF DEATH?	ERED
21 A. EXTERNAL CA UNDERLYING OR UTING CAUSE O	CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , farm, factory, street,	in ar about 21 C. WHERE affice bldg., INJURY OCCU	DID (I		ve exact lacation)	
21 D TIME (Mo	nth) (Day) (Yea		VHILE AT NOT	21F. HOW DI	D INJU	RY OCCUR?		
22. I certify t	hat I held on I	nguiry 🗌	Inspection Au	topsy X ond that	on this	s basis, deoth in m	ny opinion	
resulted f	rom: Natural ca	uses XX	Suicident Suicid			ndetermined manne	er	
ACTUAL	helen	ch.	95/6-	ASSISTANT MEDICA	AL EX	AMINER	DAT	TE SIGNED
SIGNATURE EXAMINER' NAME (Type	WERNER	U. SPI	1	ASSOCIATE MEDICA			12-	-6-66
23A. BURIAL CREMATS REMOVAL (Specify) Burial		23	c. NAME of CEMETERY			armingdal	e. N. Y.	(Stata)
24A, DATE REC'D BY H			OF REGISTRAR	24C. FUNERAL DIR	ECTOR		ADDRES	S
DEC	12 1966	Robert	E. Falluma	Morton &	Dy	ett F. H.	1701 La	urens
VS 151-REV. 1/1/65		1		0000	()			

6 0 0 0 0



VS 150-REV. 1/1/65

12395	BALTIMORE CITY	ŀ
L. C 3. 29 1 1 1		

66 12395	BALTIMORE CI		00 1000		
SIRTH NO. M.E. CASE NO.	CERTIFIC	ATE OF DEATH Registered N	la. 66 12395		
NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH		
Type or Print) MARY LORETS	ta Wess	12,10.66	1 4.		
PLACE OF DEATH IN BALTIMORE, MARYLAN	ND .	4. USUAL RESIDENCE (Where deceosed lived.	If institution: residence before admission		
		mo.			
FULL NAME OF (If not in hospital or instruction)	^		ite RURAL and give township)		
INSTITUTION Little SRS. OF	the look	BAHIMORE			
90 1200 UALLEY	St.	D. STREET ADDRESS (If rurol, give location)	144		
BAHIMORE.	mo 21202	1200 VALLEY ST	<del>/</del> .		
SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hr		
FW	IDOWED, DIVORCED (specify)	July 19, 1878 lost birthdoy) &	Months Doys Hours Min.		
DA. USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUST		12. CITIZEN OF		
one during most of working life, even if retired)		Baltimore	WHAT COUNTRY?		
Housewife		1	USA		
FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
John B. Tolley	1,16	MARY E. LAMB. 17. INFORMANT  JI Little Sisters of	DIN		
S. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (tt yes, give wor or dotes of s	1 6. SOCIAL	17. INFORMANT	ADDRESS		
NO -	713 5112371	It little Sisters of	The Poor		
18. // 5 7 / 1	CAUSE	OF DEATH	INTERVAL BETWEEN		
400		0 : 0	ONSET AND DEATH		
DISEASE OR CONDITION DIRECTL		C. V. Et.			
(This daes nat meen the made of dying	a. e.a DUE TO				
heart foilure, osthenia, etc. It means the c	disease,	m ~ m / 1)			
injury ar camplication which coused death		0.216017			
ANTECEDENT CAUSES	DUE TO	F P			
DISEASES OR CONDITIONS, if ony,		Generalized ortwin	Deed.		
rise to the abave cause (A) stolin	ng the (C)		- Thouses !		
		/			
Z OTHER SIGNIFICANT CONDITIONS CONTE	DIRECTION				
OTHER SIGNIFICANT CONDITIONS CONTE					
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20 A. AUTOPSY? IYes or No. 20 B. IF YES, WE	BE EINDINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INITIBY	is as should C WHERE DID	City Control		
OR CONTRIBUTING CALLER OF	home, torm, foctory, street,	office bldg., INJURY OCCUR?	more City, give exact location)		
	etc.)				
DEATH Inotify medical examiner					
DEATH Inotify medical examiner)	un 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?			
DEATH Inotify medical examiner)  2 21 D. TIME   (Month)   (Doy) (Year)   (Ho	While At Not W	hile 🖂			
DEATH Inotify medical examiner)		hile			
DEATH Inotify medical examiner)  O 21D TIME IMonth) (Doy) (Year) IHo OFINJURY	While At Not Work Not Work Not Wo	hite 🗆	12.10, 1966		
DEATH Inotify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Not Work At Wo	hile			
DEATH Inatify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)  22. I certify that (I) (this haspital) atta that (I) (we) last sow the deceased oli	While At Not Work At Wo	1966 to			
DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)  22. I certify that (I) (this haspital) atte that (I) (we) last saw the deceased ali and haur and from the causes stated al	While At Not Work At Wo	1966 to	apinian death accurred an the de		
DEATH Inatify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)  22. I certify that (I) (this haspital) atta that (I) (we) last sow the deceased oli	white At Not Work At Wo	hile 1966 to 1966 to ond that in(my) (our)  ) view the bady ofter death.	apinian death accurred an the do		
DEATH Inotify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)  22. I certify that (I) (this haspital) atte that (I) (we) last sow the deceased ali and haur and from the causes stated al	while At Not Work At Wo	1966 to			
DEATH Inotify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)  22. I certify that (I) (this haspital) atte that (I) (we) last sow the deceased ali and haur and fram the causes stated al 23A. SIGNATURE  23C. PHYSICIAN'S	while At Not Work At Wo	hile 1966 ta 1966 to 1966 ond that in(my) (our) ) view the bady ofter death.	apinian death accurred an the do		
DEATH Inotify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)  22. I certify that (I) (this haspital) atte that (I) (we) last sow the deceased ali and haur and fram the causes stated al 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	while At Not Work At Wo At Wo At Wo At Wo At Wo Work Ve an 12 10 bove. (1) (We) (did) (did not)	hile	apinian death accurred an the do		
DEATH Inotify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)  22. I certify that (I) (this haspital) atte that (I) (we) last sow the deceased ali and haur and fram the causes stated al 23A. SIGNATURE  23C.PHYSICIAM'S NAME (Type)  STANICY  Anking	white At Not Work  ended the deceased fram  ve an 12 10  bove. (1) (We) (did) (did not)  An Keesch A.D. A	Attending Med. Stott Phys. 23D. ADDRESS  D. HOI Marden Ch.	23B. DATE SIGNED 12,66		
DEATH Inotify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)  22. I certify that (I) (this haspital) atte that (I) (we) last sow the deceased ali and haur and fram the causes stated al 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  STANICY  Anking	while At Not Work At Wo At Wo At Wo At Wo At Wo Work Ve an 12 10 bove. (1) (We) (did) (did not)	Attending Med. Stott Phys	23B. DATE SIGNED 12,66		
DEATH Inotify medical exominer)  21D. TIME   IMonth  (Doy) (Year)   IHO OF INJURY (APPROX.)  22. I certify that (I) (this haspital) atte that (I) (we) last sow the deceased ali and haur and fram the couses stated al 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  STANICY  24A. BURIAL CREMATION,   24B. DATE	white At Not Work  ended the deceased fram  ve an 12 10  bove. (1) (We) (did) (did not)  An Keesch A.D. A	Attending Med. Stott Phys	23B. DATE SIGNED 12,66		

	0	OS	_	Su	
	be approved by the chief medical examiner or his assistant if death occurred in a hospital a	90	0	-	
	pi d	۵	0	to	
	So	2	L	9	
	٦ :		P	0	
	0 6	Se	6	+	
	.5 5	0	#	0	1
	D .	P		ori	ď
	1	9	0	_	PE
	3.5		0	0	E
	0 0	-	0	D	.VI
	÷,	e ,	_	900	L C
	0 0	- P		Ö	iti
	0 .	)	D	9	50
-	- 6	4	>	=	S
Z	= 7	i	+	LO	U
A	0 40	Ĕ	0	0	0
R	SSis	×	ס	UC	fin
0	0 ::	5	ed	PP	P
5	his o	+	J C	en	ס
3	Ala	0	0	++	ne
FUNERAL DIRECTOR: IMPORTANT	-	. 5	u o	-	10
2	9	t	pr	0	þ
9	E :	Į.	0	OB	9
2	0 5	d	4	4	0
E	6	3	_	_	0
=	0-		0	•=	N S
	die	ns.	0	0	0
A	9 7	5	ys	>	e
2	4. 6	V b	p	ig	9
7	.0	P	9	Sic	+
5	÷,	ď	+	Y	9
T.	the state of	2	Te	p	fo
	+ 5		he	9	be
	9	5	}	-	P
	Po	6	pt	9	ine
	0	=	90	Pu	10
	9+	=	0	0	ob
	B \$	4	=	~	90
	9 7	+	ita	to	+5
	+	en	Sp	Je	US
	0	P	ho	0	E
	This certificate must	300	was D.O.A. at a hospital (except where the physician who pronounced deoth was in regulor attendance on t	1	0
	ate	-	to	.0	ro
	200	A	3	p	OC
	₹2	3	0	Pe	0
	9	Š	0	as	en
	Sign	3	SE	60	i.
	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital a	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined cause; (5) Deceas	*	deceased prior to death); and (6) No physician wos in regulor ottendance on the deceased prior to death. Su	written approval must be obtained before the remains are embalmed or final disposition is made.

	60 10000	BALTIMORE CIT	HEALIN DEPAKIMENT		Car Ingan
	TH NO. 66 12396	CERTIFICA	TE OF DEATH	Registered No.	66 12396
1. N./ (Type	AME OF DECEASED HOCKENDERRY	APberta	Dec 12	2-66 3	AMI
FI	FULL NAME OF (If not in hospital or instruCSPITAL OR address or location) NSTITUTION		BALTO B. COUN	- MD.	titution: residence before admissi
4	NORTH CHARLES	HOSPITAL	D. STREET ADDRESS (III)	MORE  (urol, give locotion)  PVIEW	Road
S. SE	EX 6. RACE 7. M. WI USUAL OCCUPATION (Give kind of work 108, K	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	2-14-02	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
done	e during most of working life, even if refired)	R. LOWERY- CO.	0410	gii cooniy,	AMERIC
13. F	Samue P B.	Phillips	BULL S	AE	
15. W (Yes,	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (Iff yes, give wor or dates of so	ervice) 16. SOCIAL SECURITY NO. 279-12-472	17. INFORMANT 2 SISTER	37.	38 Overview
	18. 151 X I DISEASE OR CONDITION DIRECTLY	CAUSE O	or stome	0	INTERVAL BETWEEN ONSET AND DEATH
z	injury or camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, ise to the above cause (A) station UNDERLYING CONDITION last.  I OTHER SIGNIFICANT CONDITIONS CONTRI	(B) DUE TO giving g fhe (C)			
ERTIFICATIO	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21C. WHERE DID	(If in Boltimare	City, give exact locotion)
5	21D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.)	While At Not While Work At Work	e 21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital) atte that (I) (we) last saw the deceased aliv				ian death accurred an the
2	and haur and fram the causes stated ab 23A. SIGNATURE 23C. PHYSICFAN'S NAME (Type)	ave. (1) (We) (did) (did nat) v	ending Med.	Stoff Phys.	23R DATE SIGNED  Dec 12-6  105P
24A,	BURIAL CREMATION, 248. DATE SEMOVAL (Specify)  JUNA 1 12/14/66	,	EMATORY 24D. L	CATION (City	y, town, ar county) (Sto
2SA.	DATE REC'D BY HEALTH DEPT 25B. N	AME OF REGISTRAR	25C FUNERAL DIRECTOR	. 11	2024 Calla

NOOTH CHARLES HOSE AC 3737 CERTIFICATION W 2-14-02 64 PACKER CARR LOWERY. CL. CHILL Samuel B. Phillips Burns 279-2-0722 315 ter 3733 Channel Ca stomach inch S. Stelly M.D. W. CHARLES HOSE pup

hospital

0

Ξ.

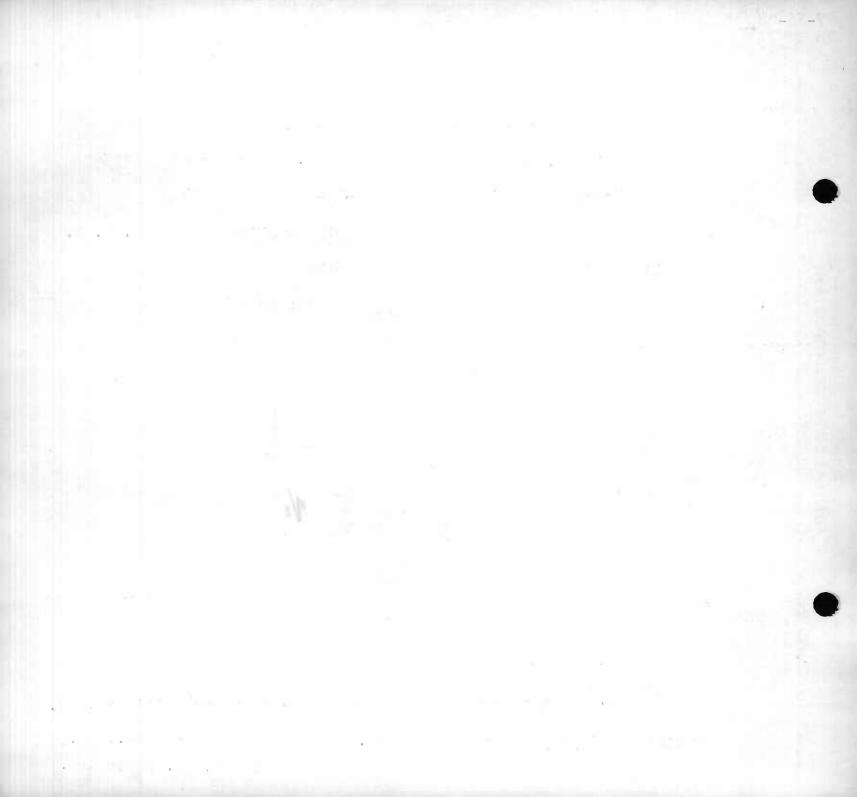
death

IMPORTANT

DIRECTOR:

FUNERAL

approved



	00 1000	a		Y HEALTH DEPARTMENT	Registered No.	66 12398
IRTH NO.	66 1239	5	CERTIFICA	TE OF DEATH		
.NAME OF DEC Type of Print)					D HOUR OF DEATH	C 30
PLACE OF DE	James D. J	Bond		Dec.	11, 1966	nstitution: residence before odmissi
. TEACE OF DE	ATT IN BALINONS, IV	AKILAND		A. STATE B. COUN	TY	nstitution; residence before damiss
FULL NAME C		t or institution, give	street	Maryland		
HOSPITAL OR	oddress or locati	on)		C. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
	113 W. 22nd	Street		Baltimore D. STREET ADDRESS (IF	rurol, give locotion	
00						
SEX	6. RACE	7. MARRIED, NEV	CER AA ABBIED	113 W. 22nd	Street 9. AGE (In years	1 K H-1-1 Y- K H-1-24
		WIDOWED, DI	VORCED (specify)		lost birthdoy	Months Doys Hours Mir
Male	Negro	Separa	ted	Jan. 1, 1894	72	112 CITYEN OF
	working life, even if retired		INESS OK INDUSIKI	II. BIRINFLACE (Store or fore)	gn country)	12. CITIZEN OF WHAT COUNTRY?
		File of the second		Maryland		
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	ME	
Unkne	own.			Unknown		
Was Deceased	Ever in U. S. Armed F	orces?	SOCIAL	17. INFORMANT		ADDRESS
	night yes, give wor or do		SECURITY NO.			
No		010	0-03-7019	Daisy Howard	113 W.	22nd Street
4.4	2X		CAUSE	or DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION D				- X X	
(This does n	nol meon the mode		DUE COL	tiovascular Renai	Disease	•••••••••••••••••••••••••
heort foilure,	osthenio, etc. Il meor	s the diseose,				
	ANTECEDENT CAUSE		(R)			
			DUE TO		**************************************	o-o
	OR CONDITIONS, if e obove couse (A		(C)			
	G CONDITION lost.	Grand Bred	***************************************		• *** *** *** *** *** *** *** *** *** *	#####################################
	II .					
	FICANT CONDITIONS					
	CONDITION CAUSING	IT		TOO A A MED BOVE (V	V 208 12 V22	
19A. DATE OF	OPERATION 198. CO	REDRIGOR FOR WHICH	H OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
21A ACCIDE	NT WAS UNDERLYING	TOTA BLA	CE OF INITIANY	in as about 21 C WHERE DID	/// :- P-Is'	re City, give exact location)
OR CONTRIBL	UTING CAUSE OF	home, fo	orm, foctory, street, o	in or obout 21C. WHERE DID INJURY OCCUR?	(II III BOIIIMOI	re City, give exoct loconon/
) '	medical examiner)					
21 D. TIME	(Month) (Doy) (Yeo		URY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)		While A	Not Whi		and the first terms of the second	
22 L cartify	that (I) (this hospit	al) attended the de	Dec	3. 4. 1966	Dec. 11. 1	966 19
				//	or intmy, tour, op	inion deoth occurred on the
		ated obave. (I) (W	e) (did) (did not)	view the body ofter death.		DATE SIGNED
23A. SIGNATU	16,00		Det	asid W	Stoff	23B, DATE SIGNED
	1 sull	any	Ph.	Med.	Phys.	12:12.6
23C. PHYSICIA	(vpe)			23D. ADDRESS		
****			// M.D.	403 Medical Arts	Bldg.Balt	imore Md, 212.
4A. BURIAL CRE	MATION, 24B. DATE	24C. NAMI	of CEMETERY or CR			City, town, or county) (Stot
REMOVAL (	Specify)					
Burial	12/14	/66 Mt C	alvary Ce	emetery Ann	e Arundel	Cty., Md.
A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR	- See William	ADDRESS

S 150-REV. 1/1/85 Wm C March 928 E. North Ave.

\_ 5ld , [V .si u = 0 - M uzzut The state of the s per la transfer de la companya del companya del companya de la com

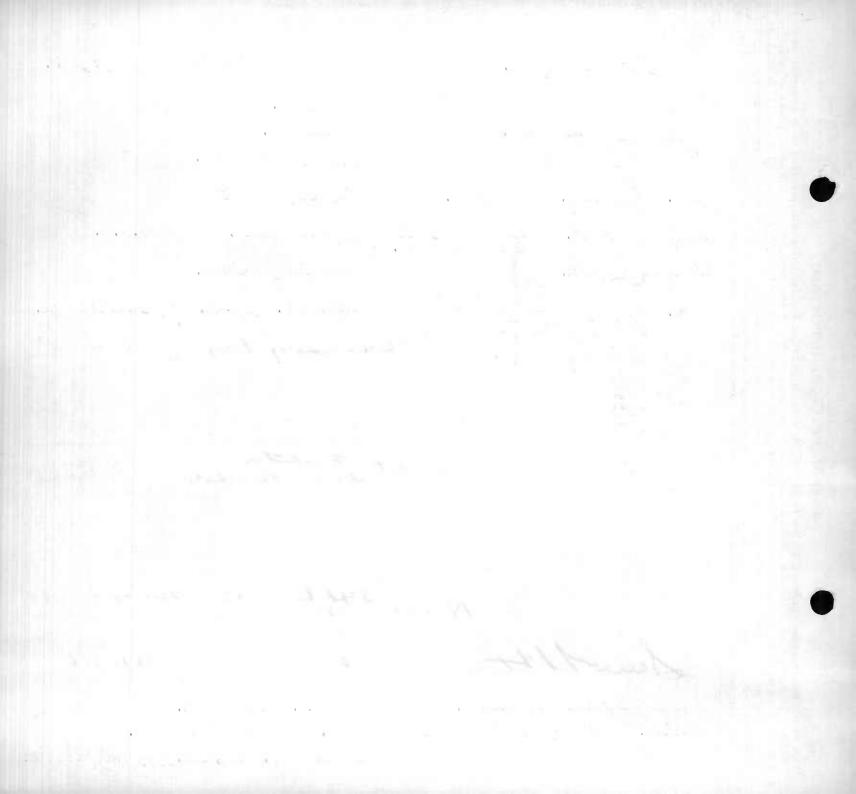
the filter of the second of th

and the state of t

00 12339				66 1239
RTH NO.	CERTIFICA	ATE OF DEATH	Registered No	0. 2277
NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	н
ype or Print)			12/10/66	15.20 P
PLACE OF BEATH IN BALTIMORE MARYLAND		14. USUAL RESIDENCE	Where deceased lived, If	institution: residence before odm
		A. STATE B. CO	DUNTY	
FULL NAME OF (If not in hospital or institu	ulion, give streel	Manuland		
HOSPITAL OR oddress or location)		c. city of town d	f outside city timits, writ	RURAL and pive township)
3730 Gibbons Ave.		Baltimore		and for all
3/30 30000000 7102		D. STREET ADDRESS	(If rurol, give location)	
00		3730 Gibb	ons Ave.	*
SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 2
	QWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours
Male. White. W	idower.	1/1/1884	82	
DA, USUAL OCCUPATION (Give kind of work 10B, KIN	ND OF BUSINESS OR INDUSTR	Y 11. BIRTAPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	1 17 .,	1011.0.	4 - 1	1154
self imployed. Who	resale Truit	14. MODHER'S MAIDEN	NAME	U.J./1.
G	Produce Bus.	THE MICHIEL S MAIDEN	NAME.	
lingant Catali		Rosalin C.	lorioso.	
. Was Deceased Ever in D. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.			
Na	219324219	Samuel V.	Cotalu. Ui	Ill torrest St
18.00.16.3 X Y- 260 V	CAUSE	OF DEATH	C-0	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY				ONSEL AND DEAL
LEADING TO DEATH	in Ca	rungons of	lung.	6 monet
(This daes not mean the made of dying,	e.g., DUE TO	-		
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)				The second of the second
	(B)			
ANTECEDENT CAUSES	DUE TO			00 00 00 00 00 00 00 00 00 00 00 00 00
DISEASES OR CONDITIONS, if any,	nivina			
rise to the above cause (A) stating		30000000000000000000000000000000000000		
rise to the above cause (A) stating UNDERLYING CONDITION last.				
rise to the above cause (A) stating UNDERLYING CONDITION tost.	the (C)			2.4
underlying condition last.	the (C)			3 yrms
rise la lhe abave cause (A) stating UNDERLYING CONDITION tast.  II  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	OUTING O THE	tro multis	Frachels.	3 yrms
other significant conditions contributed to the death but not related to disease or condition causing it.	SUTING O THE D Which OPERATION		Frachels	3 yrm 3 yrm E findings considered Causes of death?
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT	SUTING O THE D Which OPERATION	tro multis	Frachels	3 yrms granite findings considered causes of death?
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION  [218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DI	r Noil 20B. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT	SUTING O THE D Whis	in or obout 21 C. WHERE DI	r Noil 20B. IF YES, WEF	CAUSES OF DEATH?
TISE IN THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION TO STATE OF THE ABOVE CAUSE (A) STATING UNDERLYING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, tarm, foctory, street, etc.)	in or obout 21 C. WHERE DI office bldg., INJURY OCCU	r Noil 20B. IF YES, WEF IN CERTIFYING	CAUSES OF DEATH?
TISE IN THE ABOVE CAUSE (A) Stating UNDERLYING CONDITION (as).  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)	FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., home, tarm, factory, street, etc.)	in or obout 21 C. WHERE DI office bidg., INJURY OCCU	r Noil 20B. IF YES, WEF	CAUSES OF DEATH?
TISE IN THE ABOVE CAUSE (A) Stating UNDERLYING CONDITION (ast.)  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)	FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, tarm, foctory, street, etc.)	in or obout office bidg., NJURY OCCU	r Noil 20B. IF YES, WEF IN CERTIFYING	CAUSES OF DEATH?
TISE IN THE ABOVE CAUSE (A) Stating UNDERLYING CONDITION INST.	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, tarm, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Whyork  Not Whyork	in or obout office bidg., NJURY OCCU	IN CERTIFYING (III in Bolting)	nore City, give exact location)
TISE IN THE ABOVE CAUSE (A) Stating UNDERLYING CONDITION INST.  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)  22. I certify that (I) (this haspitol) attentions.	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, tarm, foctory, street, etc.)  21E. INJURY OCCURRED  While At	in or obout 21C. WHERE DI office bidg., INJURY OCCUI	No! 20B. IF YES, WEF IN CERTIFYING (	TOUR City, give exact location)
TISE IN THE ABOVE CAUSE (A) Stating UNDERLYING CONDITION INST.	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, tarm, foctory, street, etc.)  21E. INJURY OCCURRED  While At	in or obout 21C. WHERE DI office bidg., INJURY OCCUI	No! 20B. IF YES, WEF IN CERTIFYING (	TOUR City, give exact location)
TISE IN THE ABOVE CAUSE (A) Stating UNDERLYING CONDITION INST.  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)  22. I certify that (I) (this haspitol) attentions.	FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., home, tarm, foctory, street, etc.)  21 E. INJURY OCCURRED  While At Not Whow work At Work  ded the deceased from	in or obout 21 C. WHERE DI office bldg., INJURY OCCUPANTE BLOOM AND A SEPARTE BLOOM AN	INJURY OCCUR?	TOUR City, give exact location)
mise la lhe abave cause (A) stating UNDERLYING CONDITION tast.	FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., home, tarm, foctory, street, etc.)  21 E. INJURY OCCURRED  While At Not Whow work At Work  ded the deceased from	in or obout 21 C. WHERE DI office bldg., INJURY OCCUPANTE BLOOM AND A SEPARTE BLOOM AN	INJURY OCCUR?	nore City, give exact location)
nise la lhe abave cause (A) stating UNDERLYING CONDITION last.	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Whork  Moded the deceased from  Ive. (1) (We) (did) (did not)	in or obout 21 C. WHERE DI office bidg., INJURY OCCUI	INJURY OCCUR?  196 ta d thot in (my) (our) coth.	DOPINION DESTREE  19 (2)  23B. DATE SIGNED
TISE IN THE ABOVE CAUSE (A) Stating UNDERLYING CONDITION tost.  IN THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)  21D. TIME (Month) (Doy) (Year) (Hourt (APPROX.)  22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Whork  Moded the deceased from  Ive. (1) (We) (did) (did not)	in or obout 21C. WHERE DI office bldg., INJURY OCCUI	INJURY OCCUR?	causes OF DEATH?  Tore City, give exact location)  The control of
nise la lhe abave cause (A) stating UNDERLYING CONDITION last.	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Whork  Moded the deceased from  Ive. (1) (We) (did) (did not)	in or obout 21 C. WHERE DI office bidg., INJURY OCCUI	INJURY OCCUR?  196 ta d thot in (my) (our) coth.	DOPINION DESTREE  19 (2)  23B. DATE SIGNED
TISE IN THE ABOVE CAUSE (A) Stating UNDERLYING CONDITION (ast.)  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notity medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)  22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Whork  Moded the deceased from  Ive. (1) (We) (did) (did not)	in or obout 21 C. WHERE DI office bidg., INJURY OCCUI	INJURY OCCUR?  196 ta d thot in (my) (our) coth.	DOPINION DESTREE  19 (2)  23B. DATE SIGNED
TISE IN THE ABOVE CAUSE (A) Stating UNDERLYING CONDITION (ast.)  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notity medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)  22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE	FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, tarm, foctory, street, etc.)  218. INJURY OCCURRED  While At Not Whork  Mork At Word  ded the deceased from the an At Word  Ive. (1) (We) (did) (did not)  M.D. A	in or obout 21C. WHERE DI office bldg., INJURY OCCU III. HOW DID will be a series of the series of t	INJURY OCCUR?  196 ta d thot in (my) (our) coth.	DOPINION DESTREE  19 (2)  23B. DATE SIGNED
nise la lhe abave cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notity medical examiner)  21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notity medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, tarm, foctory, street, etc.)  218. INJURY OCCURRED  While At Not Whork  At Work  ded the deceased from  ve. (1) (We) (did) (did not)  M.D. A Ph  M.D. A Ph	in or obout 21 C. WHERE DI office bidg., INJURY OCCUIT 21 F. HOW DID nile k  21 F. HOW DID nile k  3 Abdulation on wiew the bady ofter decition of the bidg. Med. Director 123 D. ADDRESS  23 D. ADDRESS  REMAFORY	INJURY OCCUR?  196 ta d that in (my) (our) coth.  Stoff Phys.   LOCATION	causes OF DEATH?  Tore City, give exact locotion)  19 6  19 6  23B. DATE SIGNED  12 1/2/6 6  (City, town, or county)  (Sity, town, or county)
nise la lhe abave cause (A) stating UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour) (APPROX.)  22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE  23C.PHYSICIAM'S NAME (Type)	FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)  21 E. INJURY OCCURRED  While At Not Whork At Work  ded the deceased from	in or obout 21 C. WHERE DI office bidg., INJURY OCCUI 21 F. HOW DID title When the bady ofter decition on the bady ofter decition of the bady ofter decition of the bady of the bady ofter decition of the bady of the bady ofter decition of the bady of th	INJURY OCCUR?  INJURY OCCUR?  IN Stoff Phys.   Stoff Phys.   Baltimore	causes OF DEATH?  Tore City, give exact locotion)  19 6  19 6  23B. DATE SIGNED  12 1/2/6 6  (City, town, or county)  (Sity, town, or county)

VS 150-REV. 1/1/65

Assonard Director uck, inc. 5305 Hargord



1	CC 40 U.S.	BALTIMORE CITY I	HEALTH DEPARTMENT		00 12100
	BIRTH NO. 66 12(1)()	CERTIFICAT	TE OF DEATH	Registered No.	00 10300
	M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
	(Type or Print) Wells lag er,	Maurice		111/ 1966	3.25 A M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If inst	titution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddiess or location)		"mid	Balto	
	INSTITUTION		C. CITY OR TOWN (IF out	sido city limits, write RL	JRAL and give township)
	48		D. STREET ADDRESS	viol, give location)	0-0/
6	mayland General	teospital	4912 1-2	unford	ave
Bad	5. SEX 6. RACE 7. MARE WIDO	NED, NEVER MARRIED BOWED, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 108. KINI	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
isposition	Planning Clerk 1130	erfin-Mary	etta m	d	U.S. A.
pos	13. FATHERS NAME	11	4. MOTHER'S MAIDEN NAM	, 115.1	
d is	15. Wos Deceosed Ever in U. S. Armed Forces?	11 6. SOCYAL 1	7. INFORMANT	20 MIN R	ADDRESS
final	(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO. 214189943	C/		/ ADDRESS
	JIB. = 00 0	CAUSE OF	DEATH		INTERVAL BETWEEN
0	DISEASE OR CONDITION DIRECTLY	Ca			ONSET AND DEATH
He	LEADING TO DEATH	(A) Jest	the shock	<u></u>	= 0
mbalmed	(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the dise		12 - 10		
E E	injury or camplication which caused death.)  ANTECEDENT CAUSES	(B) Ver	fraled Inte.	Trul airs	tuictu
9	DISEASES OR CONDITIONS, if any, gir		1275	1 3.1.	ctom
S	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	o sury fail	lan Cale	cum,
ain	ll ll	annint	Tue knewn	inilias	25
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBU		00000   - 000000		
the	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES. WERE FIL	NDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	City, give exect locotion)
pe	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
btained	(APPROX)	While At Work At Work		11 1-	
obt	22. I certify that (I) (this haspital) attend	ed the deceased fram	2/9/66 1	966 to 101	1960
pe	that (1) (we) lost saw the deceased alive		19 6 6 ond the	at in (my) (our) opini	ion death occurred on the dote
must	and haur ond from the couses stated obov	e. (I) (We) (did) (did not) vi	ew the body ofter death.		23B, DATE SIGNED
	160 anil 61.016 la	M.D. Atton	ding Med.	Stoff Phys.	
DA	23C. PHYSICIAN'S	-	BD. ADDRESS	Phys.	12/11/16
approvai	Daniel Chille	erson M.D.	421 1009	ester (	we
	24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	AATORY 24D. LC	CATION (City	, town, or county) (Stote)
ten	burial 12-14-66	Oak Lawn Ceme	teru Ba	ltimore, M	d.
written	25A, DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	+ 1 - 1	ADDRESS
>	DEC 1 2 1986 (B Ox	B. C. Jan. M. M. C.	Leonard J.	NUCR YNC D	Baltimore, Md.

The relation start as a second Course E Westerland - Leinetwert Mir Kar Sall The second factor with the second

IMPORTAN

DIRECTOR:

FUNERAL

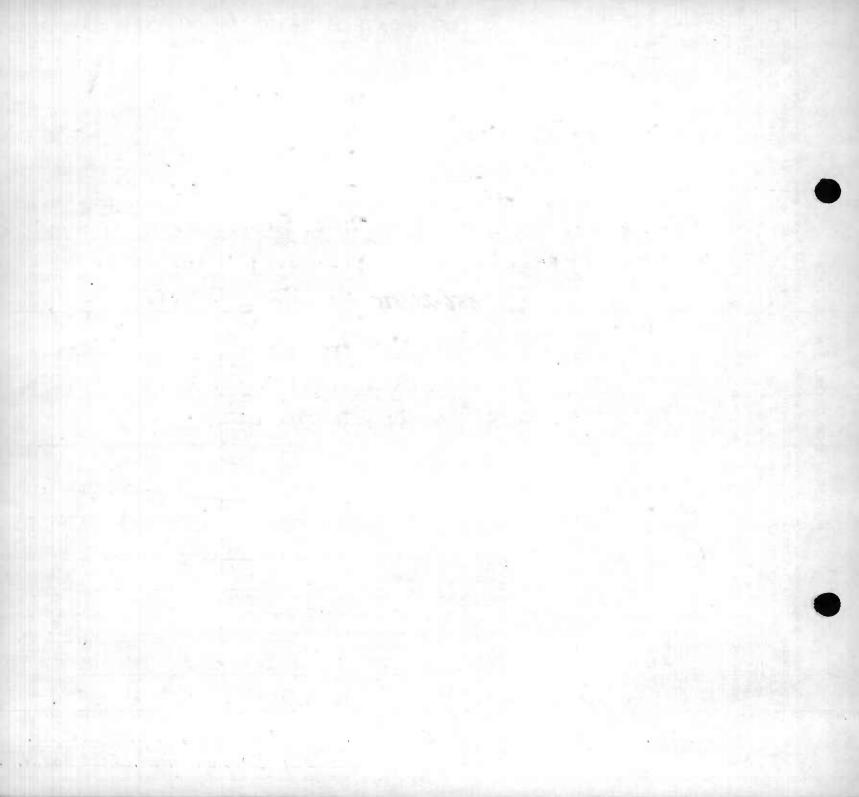
IMPORTANT

FUNERAL DIRECTOR:

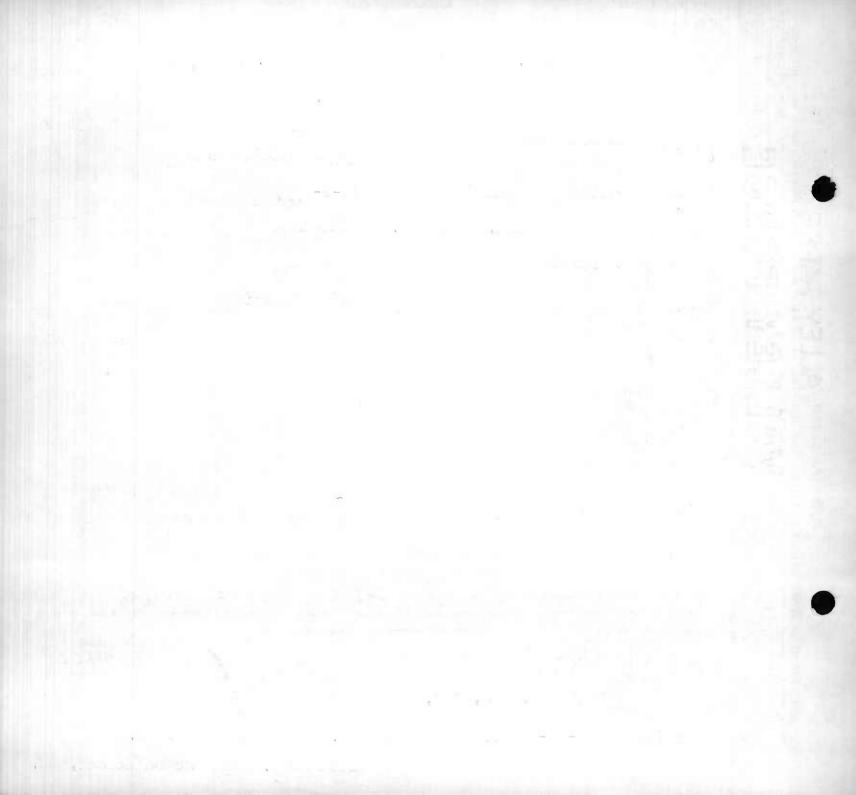
VS 150-REV. 1/1/65

66 12402 Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If (If outside city limits, write RERAL and give township 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. last birthday) Hours 12. CITIZEN OF WHAT COUNTRY? HORNT ADDRESS INTERVAL BETWEEN ONSET AND DEATH 1962 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? and that in(my) (aur) apinion death accurred an the date 23B. DATE SIGNED arolina.

BALTIMORE CITY HEALTH DEPARTMENT

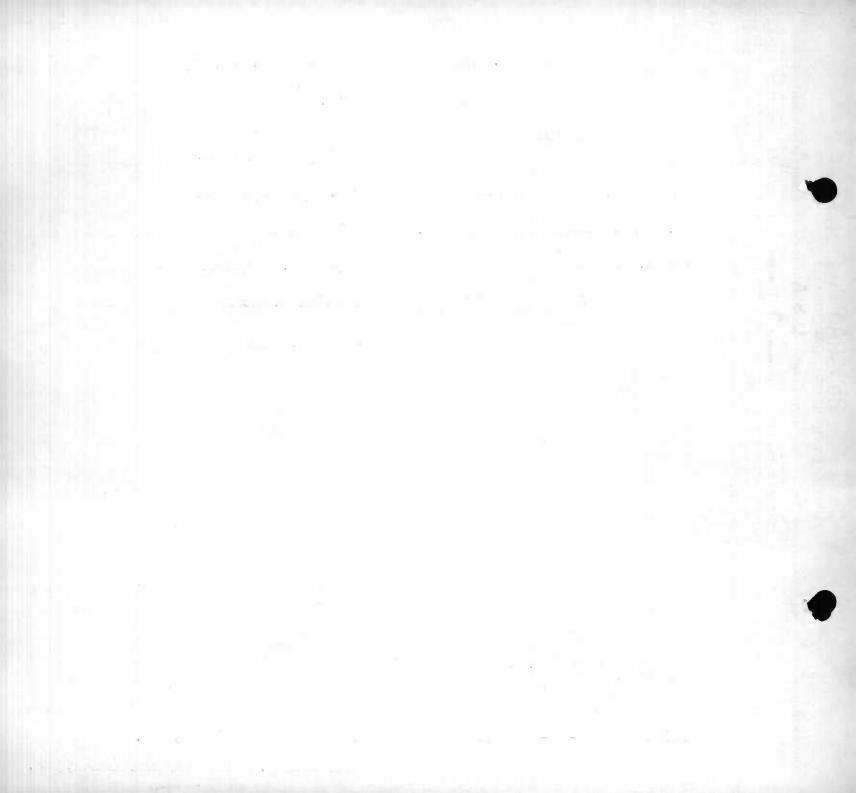


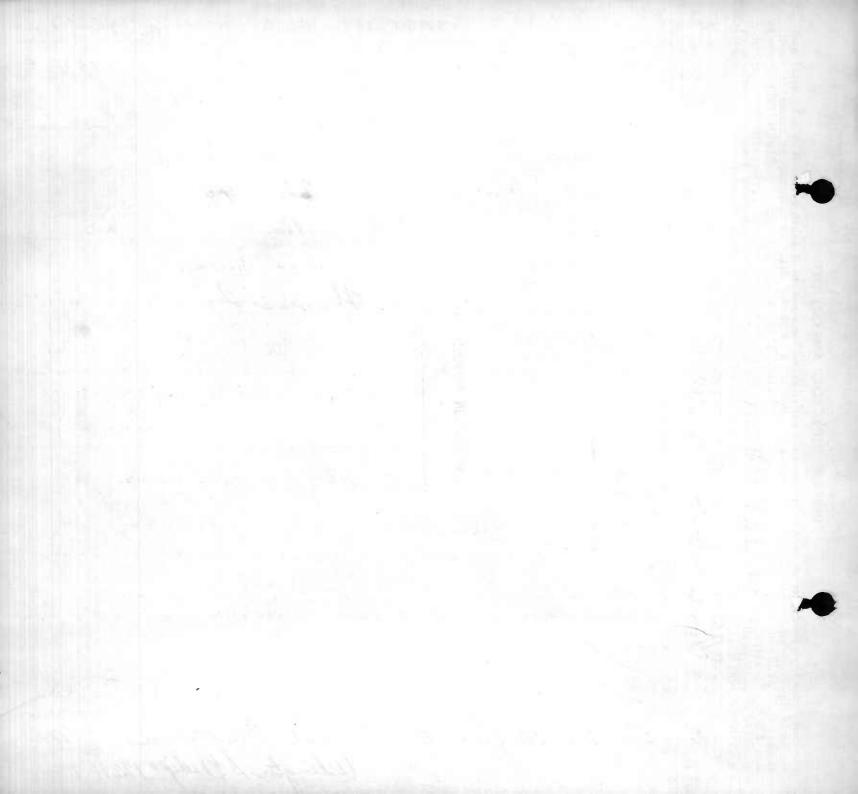
00 4040	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 12403
изн No. 66 1240	CERTIFICA	ATE OF DEATH	Registered No	. 00 1/41):
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATI	H 🖘 🗸
(Type or Print) Santo	D. Pistorio	Dec.	11, 1966	1 6 2 P
3. PLACE OF DEATH IN BALTIMORE, MAR			re deceased lived. If	institution: residence before odmis:
EILLI NAME OF CIVE and in bossitules	- :	Md.		
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location)	r institution, give street	C. CITY OR TOWN (II aut	side city limits	RURAL and give To yn hip)
INSTITUTION	Market and the second	Baltimo	re .	1-10-54
5430 Sarril Ro	ad		rural, give lacotion)	
00'		1 5430 Sarri	U Road	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Haurs M
male white	married (specify)	12-8-1934	32	William Soys Hours
10A. USUAL OCCUPATION (Give kind of work		Y 11. BIRTHPLACE (State or fare)	gn country)	12. CITIZEN OF
dane during most of working life, even if refired)	Beth. Steel Co.	Maruland		WHAT COUNTRY?
13. FATHER'S NAME	beur. sieer Co.	14. MOTHER'S MAIDEN NA	ME	0.07
		Angelo		
Joseph Pistorio 15, Was Deceased Ever in U. S. Armed Farc	14 50014	17. INFORMANT		ADDRESS
(Yes, no ar unknawn) (If yes, give wor or dates				ADDRESS
yes	213320169	Lois Pistor	LO	same
18. 180 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	1 11+	1',	21 Mon Ths
LEADING TO DEATH (This does not mean the mode of	dving as (A) Ca	the meletises	seeing	21/1104 1115
heart foilure, osthenia, etc. It means	The disease,	the molatores		
injury or complication which caused	(B)	77,100.0		
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if c				
UNDERLYING CONDITION last.	1 = 1 000000000000000000000000000000000		14000000000000000000000000000000000000	<b>a a waa waa wada</b> na ann n an eeu doodhaan a da 80 eeu bo 200 0 0 0 0 0 0 0 0 0
_ 11				
OTHER SIGNIFICANT CONDITIONS CO				
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO THE		20A. AUTOPSY? (Yes or No	DE LE VES WER	E FINDINGS CONSIDERED
WAS PERF				AUSES OF DEATH?
	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltime	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, farm, foctory, street,	affice bldg., INJURY OCCUR?		
U .	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	LIRY OCCUP?	
S OF INJURY	While AI Nai Wh		OK! OCCOR:	
(APPROX)	Work At Wart			
22. 1 certify that (1) (this hospital)		2-3 800	1965 10 11	k Dec 1960
that (I) (we) lost saw the decease	d olive on B Met	19 6 6 and th	at in (my) ( <del>oor) o</del>	pinion deoth occurred on the
and hour and from the causes stat	ed obove. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	70 1			23B, DATE SIGNED
Tr. T.	Coro 38 M.D. A	tending Med. Director	Staff Phys.	120466
23C. PHYSICIAN'S		122D ADDRESS		
NAME (Type) William I	F. Cox, III, M.D	1118 ST F	20/54. 0.	30/hmont212
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C			(Sta
REMOVAL (Specify)	( 11 1 0 1			
burial 12-15-	00 Holy Redeemer	i (em. B	altimore,	, //la.
25A. DATE REC'D BY HEALTH DEPT.	ZOD, NAME UP REGISTRAR	25C. FUNERAL DIRECTOR	Ruch One	Baltimore, Md.
DEC 12 1966 A	10 1- 8 - 10 1 mas 1	o Leonara J.	NUCK SILE	Buttone, mai
VS 150-REV. 11/65				

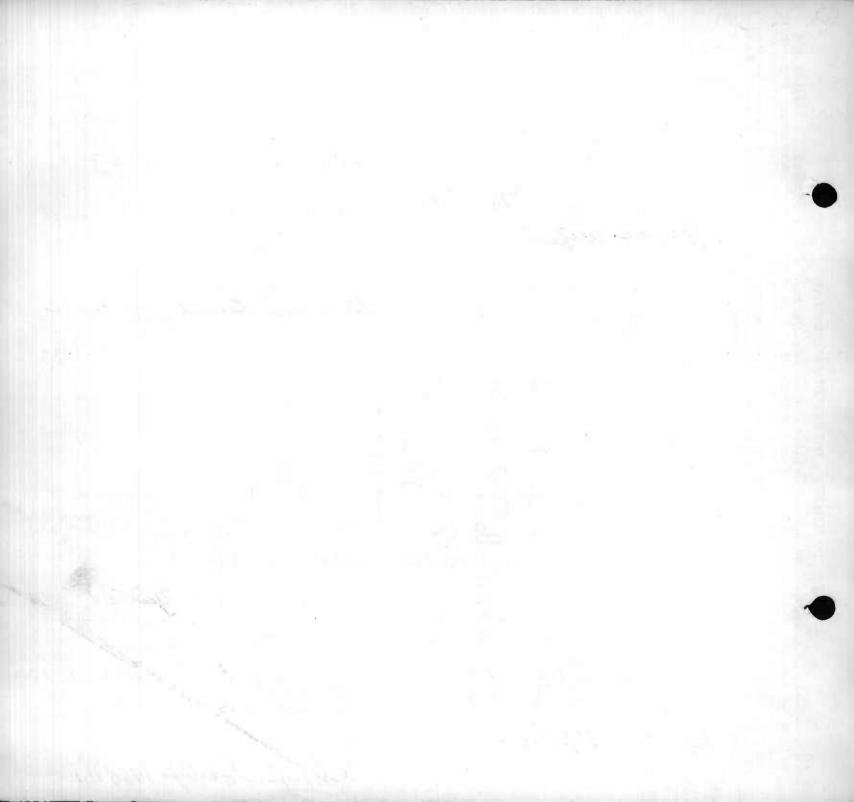


VS 150-REV. 1/1/65

2	BALTIMORE CIT	Y HEALTH DEPARTMENT		693 1153/53
ARTH NO. 66 12404	CERTIFIC	ATE OF DEATH	Registered No	. 66 12404
M.E. CASE NO.			ID HOUR OF DEATH	
	- ( 11-,			2 , 4
S. PLACE OF DEATH IN BALTIMORE, MARYL	e C. Horst	Jec.	77, 7960	5 1/30 A.
FLACE OF DEATH IN BALTIMORE, MARIE	AND	A. STATE 8. COUN	TY	institution: residence before admiss
FULL NAME OF (If not in hospital or in	nstitution, give street	Md.		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If our	tside city limits, write	RURAL and give township)
	) /	Baltimo	no e	marker from the Mills
6224 (atalpha 1	load	D. STREET ADDRESS (III	rural, give location)	
00		6224 (atal	pha Road	
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 I
male white	WIDOWED, DIVORCED (specify)	Aug 25 180	lost birthday	Months Doys Hours Min
6A. USUAL OCCUPATION (Give kind of work 108	married  R KIND OF BUSINESS OR INDUSTR	Hug. 25, 189	O UO	12. CITIZEN OF
done during most of working life, even if retired)		The state of the of the	igii coaliny/	WHAT COUNTRY?
Ret. Supervisor	Koppers (o.	Maryland		USA
3. FATHER'S NAME	11	14. MOTHER'S MAIDEN NA	ME	,
John H. Horst		Cana M Ma	Candla	
5. Was Deceased Ever in U. S. Armed Forces?	? 16. SOCIAL	Cora M. Mc	Canacess	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
yes WW1	212072431A	Lillian M. H	orst	same
18. 197.9 I	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLY	7./		CHIEF AND BEATH
LEADING TO DEATH	(A)	ibro sarcom	n_	6 months
(This does not mean the mode of dy heart foilure, asthenia, etc. It means the				
injury ar camplication which caused de				
ANTECEDENT CAUSES	(B)		****	
DISEASES OR CONDITIONS, if any				
rise to the above cause (A) sta	ating the (C)			
UNDERLYING CONDITION last.				
Z	The Little			
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT.	ION FOR WHICH OPERATION	120 A ALIZOROVO (V No.	N COR IS WES IMPRI	CONCLUSION OF THE PROPERTY OF
WAS PERFOR	ION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	AUSES OF DEATH?
W 21A ACCIDENT WAS STREET	010 014 02 02 111111	100	(1)	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact tocotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (H	Hour 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not WI			
		7 7 1	P	DO 8 66
22. I certify that (I) (this haspital) o			1966 to	190
that (1) (me) lost saw the deceased a	live on 100c, o	19 6 6 and th	otin(my) (જે <del>ખર)</del> op	pinion deoth occurred an the
and hour and from the couses stated	obave. (1) (We) (did) (did-net)	view the body after deoth.		
23A. SIGNATURE	7			23 B. DATE SIGNED
Law MI	M.D. A	tlending Med. Director	Stoff Phys.	12/12/60
23 C. PHYSICIAN'S		23D. ADDRESS	/ **	
NAME (Type)	7: mmoure	7222 X/	ford Rd	Bolto 11
1/204 /11.	Limmerman M.C		/164	, North Imine, Pl.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D, L	OCATION	City, town, or county) (State
6: 1 12 11 61	5 Parhwood Com	atonu R.	Itimone	Md
	B. NAME OF REGISTRAR	25%. FUNERAL DIRECTOR	on more;	ADDRESS
DEC 19 1000 A	000 2 1	O / Daniand O	Ruch ann	Baltimore Md
burial 12-14-66 25A. DATE REC'D BY HEALTH DEPT. 25B DEC 12 1966	Parkwood (em	25% FUNERAL DIRECTOR		Md.  ADDRESS  Baltimore,

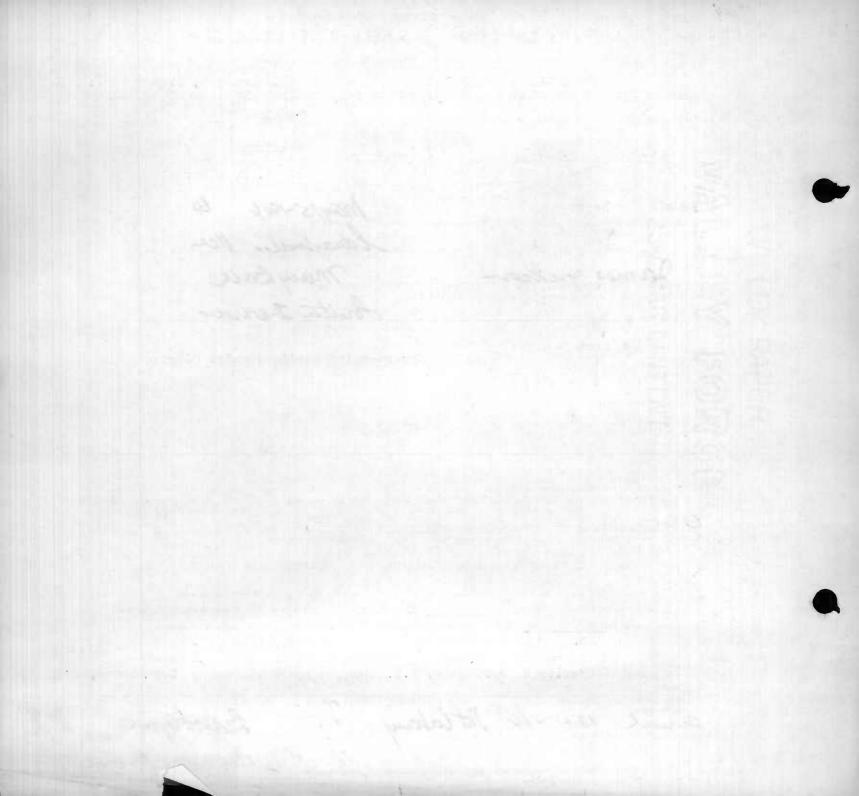




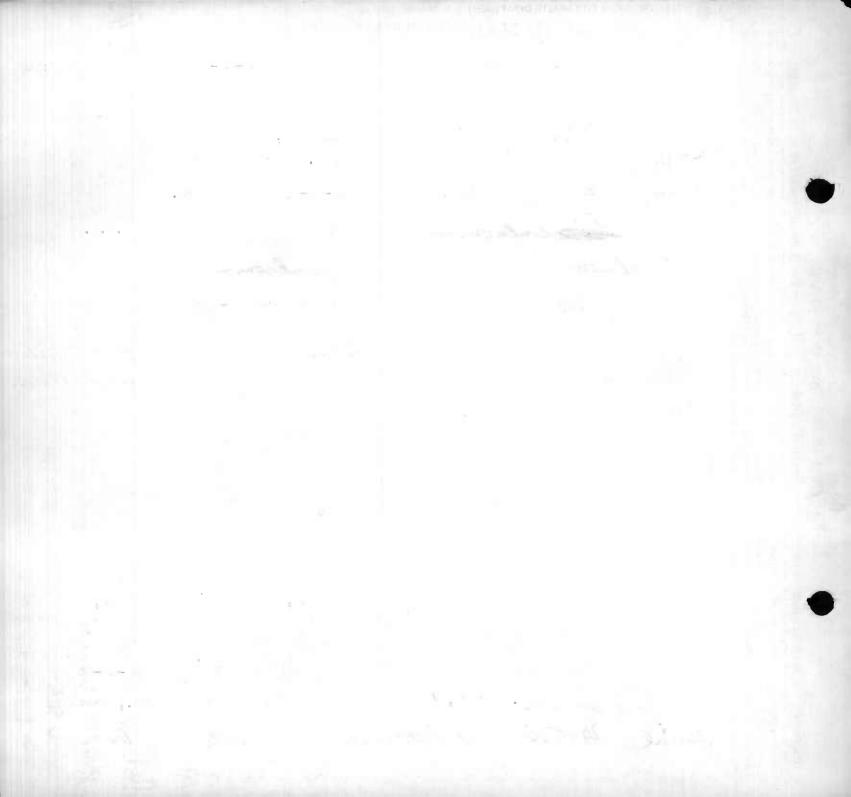


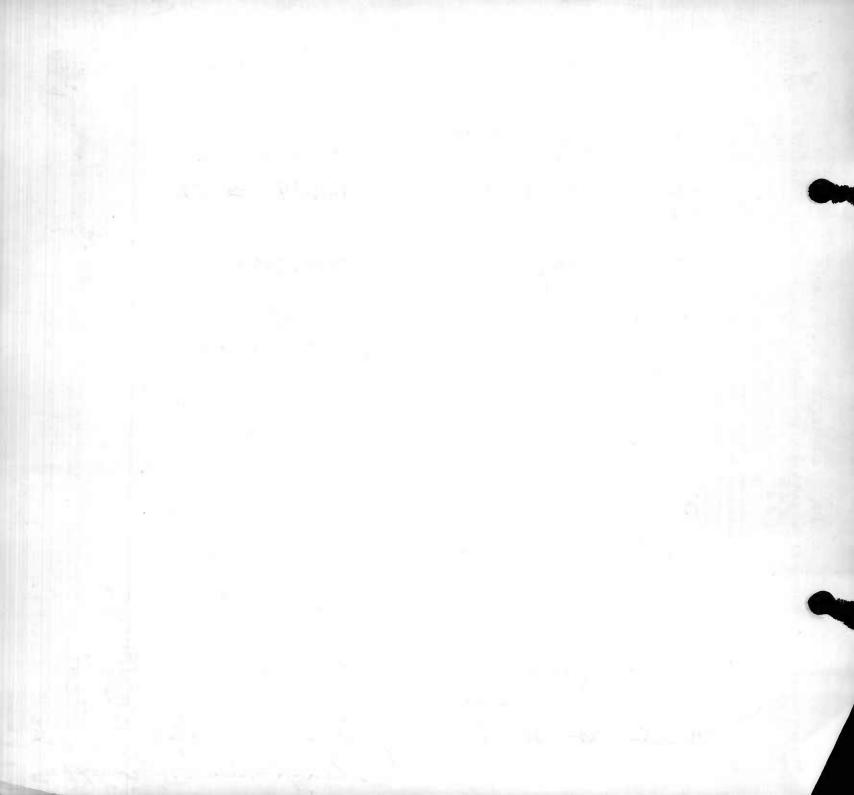
66 12407	BALTIMORE CI	TY HEALTH DEPARTMENT		66 12407
BIRTH NO,	CERTIFIC	ATE OF DEATH	Registered Na	00 174117
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
AT BY IS	àodomo			1 4 00
Marshall, Th	MOUOIS	12/11		stitution; residence before odmissio
		A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or i	nstitution, give street	Maryland I	Balto	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write	URAL and give township)
THE JOHNS HOPKINS	HOSPITAL	Baltimore	THE PARTY OF	7
THE COMMO MOTHER	1100111112		ural, give location)	
3, 3		2052 E Hoff	man St.	
5. SEX   6. RACE   7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 H
Ma 1a Nagan	WIDOWED, DIVORCED (specify)		ost birthdoyl	Months Doys Hours Min.
Male Negro	Marr B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or foreign		12. CITIZEN OF
lone during most of working liggeren if retired)	1.	01		WHAT COUNTRY?
Stell, Wa	ker	Charolett sul	e lice	USI
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
Orta Maria	12.00	CLARA MARS	SHALL MA	1-
5. Was Degeased Ever in U. S. Armed Forces	? 1 6. SOCIAL	17. INFORMANT	June Whi	ADDRESS
Yes, no or inknown) (If yes, give wor or doles o	service) SECURITY NO.	3	/	0
no	216-09-5299	mell moun	Kall c	tru.
18. 181.0	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY			ONSET AND BEATH
LEADING TO DEATH	(A) Pne	eumonia		48 hr.
(This does not mean the made of dy heart failure, asthenia, etc. It means the	ing, e.g., DUE TO		annu aa aa a a a a a a a a a a a a a a a	
injury or camplication which caused de	ath.)			
ANTECEDENT CAUSES	(B) Car	conoma of the	bladder	3 yr.
DISEASES OR CONDITIONS, if any	DUE TO			
rise to the above cause (A) slo	aling the (c) POS	s. CVA		60 hr.
UNDERLYING CONDITION lost.	-			
O OTHER SIGNIFICANT CONDITIONS CON				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	D TO THE			
19A. DATE OF OPERATION 19B. CONDIT	ION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFOR		YES	CERTIFIE CAC	JULY OF BEATH:
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
▼ DEATH (notify medical examiner)	etc.)	ource piggs 1143 OK. OCCO K.		
O 21D. TIME (Month) (Doy) (Year) (I	Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
OF INJURY	While At Not W		OKT OCCOR:	
(APPROX.)	Work At Wo			
22. I certify that (1) (this haspital) a	ttended the deceased from I	2/9/66	9 to 12/	11/66 19
that (1) (we) last saw the deceased of			,	nian death accurred an the d
			in in (my) (dur) dpir	non death accurred an the d
and haur and fram the causes stated	above. [1] (We) (did) (did nat)	view the body after deoth.		
23A. SIGNATURE			5. 11	23B, DATE SIGNED
Monney		hys. Med. Director	Stoff Phy s.	12/11/66
23 C. PHYSI CTAN'S		23D. ADDRESS		
C.H. BROV	NN BRD MI	THE JOHNS HOP	PKINS HOSP	ITAL
				Assert Control of the
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	KEMATORT 24D. LC	CATION (Cit	ly, lown, or county) (Slote)
Burial 12-15-66	mtenany	· Cul	1500100	an Ma
25A. DATE REC'D BY HEALTH DEPT.   25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
DEC 79 1000 A	0 90 0 7 10 5	10/1/1/1	Ilan und	B. Haha
VS 150-PEV 1/1/65	Carrie Landing	1 seroy William	Mes July	years !

II (Tv	E CASE NO.  NAME OF DEC	CEASED					HOUR PRONOUNC		
				ROCKETT			ber 9, 196		7:02 A. <sub>M.</sub>
3. 1	LACE IN BALT	IMORE, MARYLAND	, WHERE PRONOU	ICED DEAD	A. STATE		B. CO		ence before odmission)
HC	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITUTO OCATION)	NON, GIVE STREET			corporate limits, writ	le RUSAL on	d give township
	Chur	ch Home Ho	spital	(DOA	D. STREET ADD			1000	
5. 5	Female	6. RACE Negro		NEVER MARRIED IVORCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
		UPATION (Give kind of working the even if reti	red),	BUSINESS OR INDUST	Eduard	relle	country)	12. CITIZE WHAT	N OF COUNTRY?
13.	FATHER'S NAM	ME One	lean		14. MOTHER'S M	AIDEN NAME	10		
15. (Ye:	WAS DECEASE s, no or unknown	D EVER IN U.S. AR.	MED FORCES?  dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	- Trans		ADDRESS	
-	18.	13 4.	/	CAUS	SE OF DEATH	-eu	win		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY						ONSET AND DEATH
	(This does	LEADING TO DE	e of dying, e.g.,	(A) Hyper	tensive ca	rdiovasc	ular disea	ase	
	heort foilure, injury or con	, osthenio, etc. It m mplication which cou	eons the disease, sed death.)						
	A	ANTECEDENT CA	USES	1.00					
	RISE TO TH	OR CONDITIONS,	A) STATING THE	DUE TO	•••••	•••••	•••••		***************************************
z	UNDERLYIN	NG CONDITION LA	AST.	(C)					
NOIL		II .							
FICA	TO THE	NIFICANT CONDITION DEATH BUT NOT R CONDITION CAU	RELATED TO TH				***************************************		***************************************
CERTI	19A. DATE OF	OPERATION 198.	CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY		OB. IF YES, WERE F		
EDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. P home, etc.)	form, foctory, street,	, in or obout 21C. V	HERE DID (IF	in Boltimore City, g	give exact lo	cotion)
X	21 D TIME OF INJURY	(Month) (Doy)	(Yeor) (Hour) 21	E. INJURY OCCURRED	21F. H	OW DID INJUR	Y OCCUR?		
	(APPROX.)	13.3	m. W	ORK NOT	WHILE WORK				
	22.	tify that I held an	Inquiry 🗌 _	Inspection X A	utapsy an	that an this	basis, death In	my apinian	
	resul	Ited fram: Natura	causes X A	ccident Suici	de Hamici	de Un	determined manr	ner 🗌	
		Con	0.0	1-2		EDICAL EXA			DATE SIGNED
	ACTUAL		nes J		D. ASSISTANT M			oo omb or	9, 1966
	ACTUA	URE Char	100 C C	incate MIT				ecember	. J. 1900
		URE Char	les S. Spr	ingate, M.D.	ASSOCIATE N	EDICAL EXA	MINER D		
	SIGNAT EXAMIN NAME (	URE Char Type) MATION, 23B. DAT	,	ingate, M.D.		23D. LO		y, town, or c	
	SIGNAT EXAMIN NAME (	Type)  MATION, 23B. DAT	,		or CREMATERY	23D. LO		y, town, or c	county) (Stote)
RE	SIGNAT EXAMIN NAME (  A. BURIAL CRE MOVAL (Specify BULLELA A. DATE REC'D	Type) MATION, 23B. DAT  BY HEALTH DEPT.	13-66 238 248, NAME C		or CREMATERY  24C. FUNER	23D. LO		y, town, or c	
RE	SIGNAT EXAMIN NAME ( A. BURIAL CRE MOVAL (Specify Bureau	URE Char Type) MATION, 23B. DAT  BY HEALTH DEPT.	13-66 238 248, NAME C	name of CEMETERY	or CREMATERY  24C. FUNER	23D. LO		y, town, or c	ounty) (Stote)



		-01-1-0		BALTIMORE CIT	Y HEALTH DEPARTMI	ENT	00 40400
BIRTH	NO.	66 12409		CERTIFICA	TE OF DEA	TH Registered Na	66 12409
	CASE NO.	FASED		OEKTII 107		ATE AND HOUR OF DEATH	A-5-1 / / / / / / / / / / / / / / / / / / /
(Type	or Print)	Oliv	e Hic	ks gr.		12-10-66	4:50A
3. PL	ACE OF DEA	ATH IN BALTIMORE, MA	RYLAND			E (Where deceosed lived, tf ins	titution: residence before admission
HC	ILL NAME OF STITUTION	of (If not in hospitol oddress or locotion Providen	n)		Maryland c. city or town  Baltimore D. STREET ADDRESS	(If outside city limits, write R	OBAL and give town mip)
5. SEX	X	6. RACE		RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
F	'emale	Negro	WIDC	Single (specify)	12-23-03	lost bighdoy) 62 yrs.	Months Doys Hours Min.
		UPATION (Give kind of work working life, seen if retired)		O OF BUSINESS OR INDUSTRI	Maryland		12. CITIZEN OF WHAT COUNTRY?
3. FA	ATHERS NAM	nemon			14. MOTHER'S MAID	EN NAME	
5. W Yes.r	os Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	***************************************	na		SECONIII NO.	Margaret	Brown - friend	SAME
1	8. 3 3 4	LVI		CAUSE C	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY		14		ONSET AND DEATH
		LEADING TO DEATH		(A) (V	Stroke		From 12/10/6
1	heort foilure, njury or con	not mean the mode af osthenio, etc. It meons nplication which coused ANTECEDENT CAUSES	the dise				From 12/10/6
F	ise to th	OR CONDITIONS, if e above cause (A) G CONDITION last.		ving			
₽ .	TO THE D	II  FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	ATED TO	JTING THE			
		OPERATION 19B. CON	DITION F	OR WHICH OPERATION	NO NO	S or No. 208. IF YES, WERE F	INDINGS CONSIDERED
0 2	OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF medical examiner		21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE INJURY OC	DID (If in Boltimore CUR?	City, give exoct locotion)
VEDI	PEROX	(Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED  While At Work  Not White At Work	te 🗀	DID INJURY OCCUR?	16
2	2. I certify hat (I) (we)	that (1) (this hospital	) ottend	ed the deceased from on December 10	December 10, , 191966	and that in(my) (aur) opin	mber 10, 19 66
a	nd hour an	d from the causes sto	ted obav	e. (1) (We) (did) (did not)	view the bady ofter	deoth.	
2	3A. SIGNATU	JRE					23B. DATE SIGNED
				M.D. At	lending Med. ys. Directo	r Stoff Phys.	12-10-66
2	NAME (T	(N'S (ype) (Amun)	Q.C.	Laredo, A M.D.	23D. ADDRESS		lto., Maryland
24A.	BURIAL CRE REMOVAL (	MATION, 24B. DATE Specify)	24	nt arture			y, lown, or county) (Stote)
25A.	DATE REC'D	EC 18 1956	25B. NA	ME OF REGISTRAR	25C. FUNERAL DI	RECTOR General	ADDRESS / Bantles





## 66 12411 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 12411

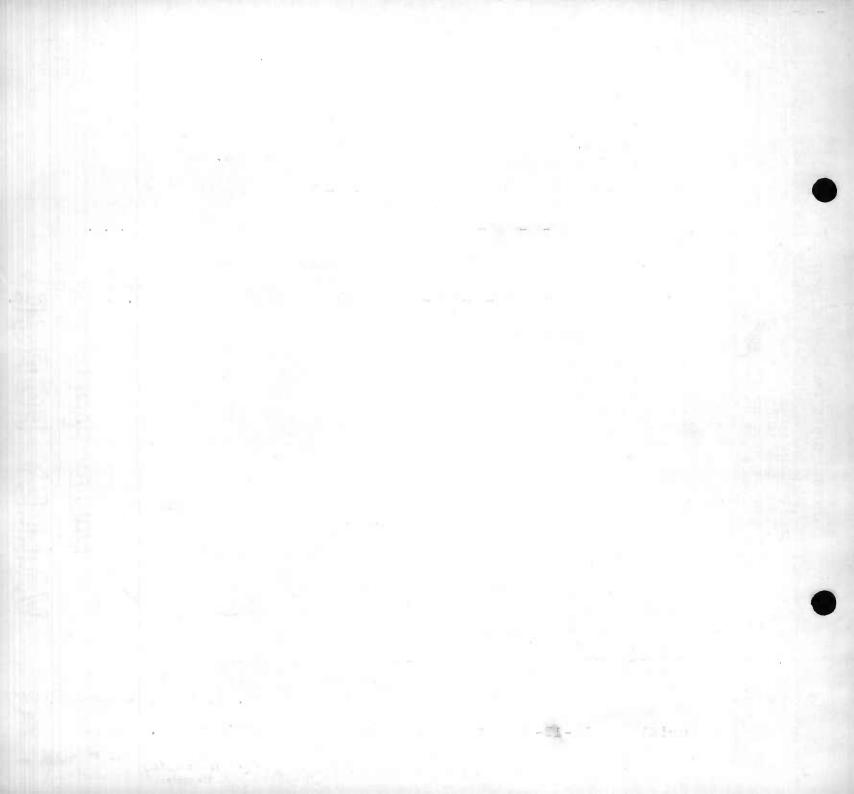
M,	E. CASE NO.					
1. (Ty	NAME OF DE				2. DATE AND HOUR PRONOUNCED DEAD	
CLAUDE DAVIS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				11 07	December 10, 1966 1:00 A M.	
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceosed lived. If institution: residence before admission B. COUNTY	
HO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION		Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
INS	IIIUIION			Bal	ltimore (2-0)	
	23.	Johns Hop <b>k</b> ins	Hospital		RESS (If rurol, give locotion)	
				224	4 N. Montford Avenue	
5. 5	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTI	H 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
M	ale	Colored	, , , , , , , , , , , , , , , , , , , ,	8-23	-1947 2019	
10A	USUAL OCC	UPATION (Give kind of wor working life, even if refred)	KIOB KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
	a dotting most of	John	ild-	Bali	to me ush	
13.	FATHER'S NAM	ME (C)		14. MOTHER'S M	AIDEN' NAME	
	Class	ude Lan	2 Se	Verno	el Itall	
		ED EVER IN U.S. ARMEI		17. INFORMANT	ADDRESS	
		no	214-52-1836	bornell	Hall Low &	
	1B. 64	75V.	CAUSE	OF DEATH	INTERVAL BETWEEN	
	DISEA	ASE OR CONDITION D	RECTLY		ONSET AND DEATH	
		LEADING TO DEATH	Hemorr (A)	hagic Shoo	ek	
	heort foilure	not meon the mode of e, osthenio, etc. It meon emplication which coused	s the disease,			
		ANTECEDENT CAUSE	s Stab W	ound of Le	eft Thigh	
	DISEASES	OR CONDITIONS, IF	ANY, GIVING DUE TO			
	UNDERLYI	NG CONDITION LAST.	TATING THE			
O			(C)			
E	OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTING			
잂	TO THE	DEATH BUT NOT RE	LATED TO THE			
CERTIFICATION			IDITION FOR WHICH OPERATION	20A. AUTOPSY Yes	? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
AL		AL CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID (If in Boltimore City, give exact location)	
EDICAL		XIOR CONTRIB- USE OF DEATH.	home, form, foctory, street,		atterson Park Ave. & Orleans St.	
Z	21D TIME	(Month) (Doy) (Yea	(Hour) 21E. INJURY OCCURRED		OW DID INJURY OCCUR?	
	OF INJURY		11. SED WHILE AT THE NOT	WHILE TO	as Stabbed	
	22.	12 9 '66	11:55P. WHILE AT WAT W	VORK X WE	as Scapped	
		rtify that I held on	Inquiry Inspection Au	topsy X and	d that on this basis, death in my opinion	
	resu	Ited from: Natural co	uses Accident Suicid	le Homici	de X Undetermined monner	
		. 1///	h		EDICAL EXAMINER DATE SIGNED	
	SIGNAT		14 Charles M.D	ASSISTANT M	EDICAL EXAMINER X	
	EXAMI			ASSOCIATE M	EDICAL EXAMINER	
227	NAME (		Breitenecker, M.D.	CREALATORY	23D. LOCATION (City, town, or spunty) (Stote)	
RE/	MOVAL (Special	fy)	D At m	A A	At A	
0	Duice	12-1	466 Ball Ma	l'al	Hall Mex	
24/	A. DATE REC'D	DE A 1000	248 NAME OF REGISTRAR	24C. EUNER	AL DIRECTOR ADDRESS	
		DEC 13 1956	Robert E. Falleyna	o Cloy	10 Wilson 1000 Brankly k	
VS	151-REV. 1/1/	N890,	2	/		

8-33-447 - 13 mathematical distriction

66 12412	BALTIMORE CIT	Y HEALTH DEPARTMENT	66 12/17
BIRTH NO.	CERTIFICA	TE OF DEATH Registers	ed No.
N.E. CASE NO.  1. NAME OF DECEASED	- 1	2. DATE AND HOUR OF	DEATH PM PM
Bowling. John	J. H.	12/8/66 12:	12:35 N
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND.	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ed. If institution: residence before admission)
FULL NAME OF (If not in hospital or ins	titution, give street	Maryland	9.9.6
HOSPITAL OR oddress or location)			write RURAL and give township)
33		Annapolis	52-10
		D. STREET ADDRESS (If rurol, give loco	tion)
The Johns Hopkins Ho	ARRIED, NEVER MARRIED	18 Victor Parkway  B. DATE OF BIRTH 9. AGE (In year	ors If Under 1 Yr. If Under 24 Hrs.
Male W hite M	larried (specify)	3/22/21 lost birthdox	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, I	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TEACHER HU	Stic ScHools	CONFLUENCE KY.	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	-
Eelix Bowli	nα	Mary Huff	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of s	1 6. SOCIAL	17. INFORMANT	ADDRESS
YES WWII	SECORITI NO.	HLLENE Bowhing	# #
18.581.07 260)	CAUSE C	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y	pper Gic hemorthy	3 /-
(This daes not mean the made of dying	g, e.g., DUE TO		Inour
heart failure, asthenia, etc. It means the c injury at camplication which coused death	1)	224	
ANTECEDENT CAUSES	(B)	RRHOSIS -7 EsupHageil L	prices Est. 10 years
DISEASES OR CONDITIONS, if any,	giving		
rise to the above cause (A) statis	ng the (C)	Epat 17, r	74477+40/407+
O OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	512 100		
198. CONDITION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFY!	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in	Boltimore City, give exact tocation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
O 21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ØF INJURY (APPROX.)	While At The Not Wh		
	Work At Wark		
22. I certify that (I) (this haspital) atte	7. 0	Nov. 26 19 66 10	Dec. 8 1966
that (I (we)) ast saw the deceased ali			ur)opinian death accurred on the dot
and hour and from the couses stated of	bove. (1) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE	11	tending Med. Stoff	238, DATE SIGNED
MDJune	M.D. At	ys. Director Phys.	12/8/66
23C. PHYSICIAN'S NAME (Type)	1000 7	23D. ADDRESS	HNS Hopking H-spitAL
			THE TOPPING 1403 PILAC
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION	(City, town, or county) (State)
JURIAL 12-12-66	HRLINGTON 1	ATLO HRhivati	on Va.
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C AUNERAL DIRECTOR	ADDRESS
DEC 12 1966 (R.C	Lest E. TOLSON	John M. Jay to + Ac	no Unupole Md.
VC 160 DCV 1/1/66		1 5 1 5 1	* /

Upper G , beautifull CHERON - FERNING LAND IN EST WHEN 4.50 1642.8 Dishery, Repartment No. 36 92 93 93 004 MID Turneled The George Turken Bays of Employ - John Hopkin Hill P. C.

VS 150-REV. 1/1/65



M.E. CASE NO.  1. NAME OF DECEASED	2 DATE AND HOUR PRONOUNCED DEAD
(Type or Print) ANITA CARTER	December 11, 1966 9:25 A
	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURA) on give township)
HOSPITAL OR ADDRESS OR LOCATION)	Baltimore 6-06
46 Lutheran Hospital	D. STREET ADDRESS (If rurol, give locotion) 611 Ashburton Street
or the contract of the contrac	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female Colored Marned	BC+, 3-1927 38
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Bernard Rucen	Denothy talbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn) (If yes, give war ar dates of service)  SECURITY NO.	17. INFORMANT ADDRESS
118. CAUSE	OF DEATH OF TEXT OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the made at dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	ot Wound of Left Chest
injury or complication which coused death.	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes - Partial Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  OUTING CAUSE OF DEATH.  OUTING CAUSE OF DEATH.	ffice bldg, injury occur?  611 Ashburton Street
TOILE  21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INTERP	WHILE KI Shot self
22. I certify that I held an Inquiry Inspection P. Auto	
resulted from: Notural couses Accident Suicide	
ACTUAL Morten lender	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER 12/11/66
EXAMINER'S Rudiger Breitenecker, M.D.	12/11/00
23A. BURIAL CREMATION, 23B. DATE 23C. NAME & CEMETERY OF REMOVAL (Specifix) 12-15-66 Defectives	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR A ADDRESS
DEC 10 1966 Roles 2. T. Comp	(" Ulleneung 1 700Ed mandson ar
VS 151-REV. 1/1/65	

IMPORTANT

DIRECTOR:

FUNERAL

- - 17 A 4 FA 1 TA 15 TA

ELEVINE . E.S.

The state of the s

Reference of the state of the s

The latter is a market of the late of the

Contact to the second of the second

NO COLOR DE LA COL

1. NAME OF (Type or Print)	EDITH	KAM	MED		2. DATE AND HO	r 9, 1966	
3. PLACE IN B	ALTIMORE MARYLAND,					sed lived. If insti	tution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSP ADDRESS OR LOC	CATION)	non, give street	C. CITY OR TOV	ltimore RESS (If rurol, give	location)	RURAL and give township)
5. SEX	6. RACE		IEVER MARRIED	B. DATE OF BIRT		AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female	White	DIVO!	VORCED(specify)	1/25/19	7/7	st birthdoy) 49	Months Days Hours Min.
IOA, USUAL O	CCUPATION (Give kind of w	ork TOR KIND OF		Y 11. BIRTHPLACE	(State or foreign cou		12. CITIZEN OF
	of working life, even if retired		ANU FACTURE	45	MD,		WHAT COUNTRY?
13. FATHER'S N		1-12.		14. MOTHER'S M	AIDEN NAME		
	4			TRE	VA L. CI	REENTI	REE
	ASED EVER IN U.S. ARM own) (If yes, give wor or do		6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
NO			115-14-5908	TREVA L.	GREENTRE	F 3628	KESWICKRU,
DISEAS RISE TO UNDER	LEADING TO DEA: es not meen the mode lure, osthenia, etc. It mee complication which couse  ANTECEPENT CAUS ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAS:  II SIGNIFICANT CONDITION	of dying, e.g., ns the disease, d deoth.) SES ANY, GIVING STATING THE	(B)(C)	tensive an	nd Arterio	sclerotic	
- District	E OR CONDITION CAUSI	RELATED TO TH		ty			
19A. DATE	OF OPERATION 198, CO	ERFORMED	HICH OPERATION		IN C	F YES, WERE FIN	
O UNDERLYIN	NAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.	21 B. Phome,	LACE OF INJURY (e.g., form, factory, street,	in or about 21C. V	WHERE DID (If in occur?	Baltimore City, giv	Yes
21 D TIME OF INJURY (APPROX.)				WHILE VORK	OW DID INJURY O	CCUR?	
ACT SIGN	ATURE C	Jule Ac	Suicident Suicid	Homici CHIEF M	d that on this bo de Under EDICAL EXAMII EDICAL EXAMII	ermined monne	DATE SIGNED
NAM	E (Type)		ecker, M.D.				12/10/66
I non munes as	CREMATION, 238. DATE	230	NAME OF CEMETERY	OF CREMATORY	23D. LOCAT	ION (City.	town, or county) (State)

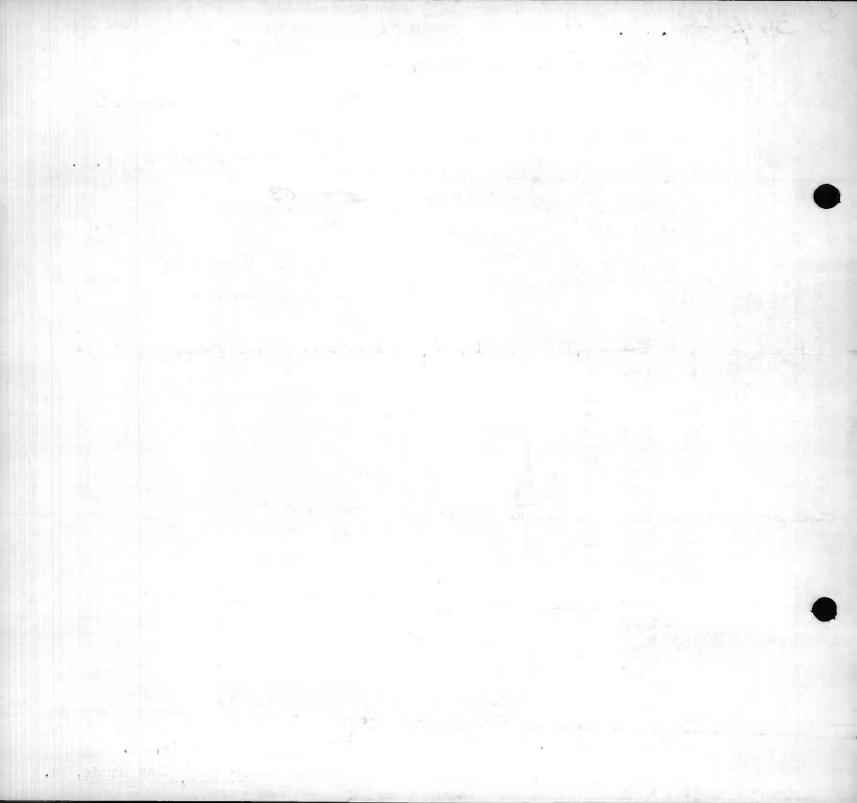
DINGUESO Waterwall was N. 545 THE WA L. GREEN THESE MANNESON THEN S. CHEN-THEN SELVINGS IN CO.

BALFRARD.

27012 Demo more

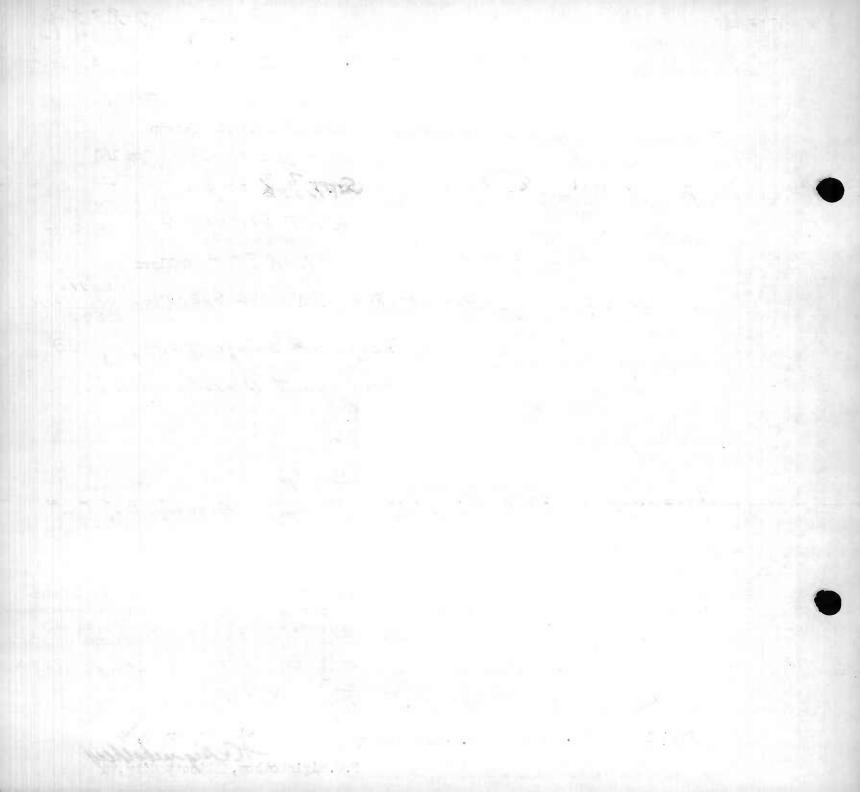
JANE STATE

	66 124	37	BALTIMORE CITY	Y HEALTH DEPARTMENT	1 1	(36) 1000
BIRTH NO.		.L. /	CERTIFICA	TE OF DEATH	Registered No	11521 00
M.E. CASE NO.	CEASED		Q_1(11110/		ND HOUR OF DEATH	
Type or Print)		RANCIS	STERLING		Dec 66	7 30 P
PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Wh	ere deceosed lived. If in	stitution; residence before odmissi
FULL NAME	OF (If not in hospital	ar institution, a	ive street		ANNE AR	UNDELCO,
HOSPITAL OR				C. CITY OR TOWN (If o	utside city limits, write F	URAL and give township)
UNIU	ERSITY +	HOSPITA	7 6	GLEN B	Frurol, give location)	52.00
38					the AUEN	E S.E.
- SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Manths; Days Hours Min
M	W		RRIED	12-25-03	lost birthdayi	Manths Days Hours Min
	CUPATION (Give kind of wo	rk 10 B. KIND OF		11. BIRTHPLACE (State or far	reign country)	12. CITIZEN OF
	of working life, even if retired)  HMAN	Ret	ired	MO.		USA
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA		
WIL	-LIAM F.	STERL	ING	MARY E.	BUCKLER	7
5. Was Deceose	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
VNK	vn) (If yes, give wor or dol	es or service/	SECURITY NO.	HOSPITAL	CHART	
18. 16	/ X I		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DE		_			
471	LEADING TO DEATH		(A) C/	ARCINOMA OF 9	THE LARYNX	1 year
	not mean the mode o		DUE TO		/ /	
	emplication which cause					
	ANTECEDENT CAUSE	S	(B)	**************************************		
DISEASES	OR CONDITIONS, if	any, giving	201.10			
	he above couse (A) NG CONDITION lost.	sloting the	(C)			
ONDERLIE						
Z OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING	160			
O THE	DEATH BUT NOT REL	ATED TO THE				
U 19A DATE C	R CONDITION CAUSING OF OPERATION 198. CO	NDITION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes or h	o) 20B. IF YES. WERE	INDINGS CONSIDERED
211-25	WAS PE	RFORMED	(1) 0.0	Men	IN CERTIFYING CAL	JSES OF DEATH?
21A. ACCID	ENT WAS UNDERLYING	AUMA TO	PLACE OF INJURY (e.g.,	in or oboy 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
OR CONTRI	BUTING _ CAUSE OF	NO hometc.)	e, farm, foctory, street, c	office blog INJURY OCCUR?		
U		100		9		
21D. TIME	(Month) (Doy) (Yeor		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX)		Whi	k Not Whi	ie L		
22. I certif	y that (1) (this hospita	ol) ottended th	e deceased from	23 Nov	1966 to 10	Dec 1966
						nion death occurred on the d
					-	decili decolled on the (
23A. SIGNAT		ored obove. (I	(me) (did) (did not)	view the body ofter deoth	•	TOOR DATE SIGNED
ZOM. SIGNAL		1.	AA D Air	rending Med.	Stoff resi	23B. DATE SIGNED
	jamley M	user	M.D. Att	ys. Director	Stoff Phys.	10 Vec 66
23C. PHYSICI		MUSIC	M.D.	% UNIVERS	SITY HOS	PITAL
	01.1.0					
AA. BURIAL CO		DAC NA	ME of CEMPTERY as CE	FM ATORY 24D	LOCATION (C:	total (state of the state of
24A. BURIAL CR	REMATION, 248, DATE		ME of CEMETERY of CR	Calledon Land		y, town, or county) (State
Buria	REMATION, 248. DATE (Specify) 14 Dec			Calledon Land		3/2
Buria	REMATION, 248. DATE			morial	Glen Burnie	



FUNERAL DIRECTOR: IMPORTANT

CO TOTALO	BALTIMORE CITY	Y HEALTH DEPARTMENT	1/	10000
BIRTH NO. 66 12418	CERTIFICA	TE OF DEATH	Registered No.	753745
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	12418
T Dian	BMANDA		-11-66	1 6 40
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	10 1101010	4. USUAL RESIDENCE (Where	deceased lived. If institution	n: residence before admission
		A. STATE B. COUN	TY	. 0
FULL NAME OF (If not in hospital at instituting HOSPITAL OR oddress or location)	on, give street	Maryland	Howa	
INSTITUTION		A.	side city limits, write RURAL	/
36 Franklin Square	Hornital	D. STREET ADDRESS (If r	urol, give location)	63-00
- manning		0	0 0 -	2/4
	ISO NEVER IN ABBIED	B. DATE OF BIRTHY		x 168
5. SEX 6. RACE 7. MARR	WED, DIVORCED (specify)		ost birthday)  If U  Mont	nder 1 Yr. If Under 24 H hs Doys Hours Min.
FIRE		1/1886	80	
10A, L'SUAL OCCUPATION (Give kind of work 10B, KIND done during most al warking lile, even if retired)	OF BUSINESS OR INDUSTRY		'	CITIZEN OF WHAT COUNTRY?
None		WEST U	RETINITA.	4.5.12
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAA	A E	
MICHAEL F,	NK	MAR:	THA Cullers	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	·// Cullers	ADDRESS .
(Yes, no or unknown) (If yes, give wor ar dates of service	SECURITY NO.			Clours -
NONE	214-50-12	352 . UINGINI	A S/ZADMAN	NEW MEXIC
18. 175.0 ¥ 260 X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		- 0	4	
(This does not mean the mode at dying,	(A) /.	ca.	lage of Rian	4 40
heart failure, asthenia, etc. It means the dise	ise,	Ca.	1 1	
injury or complication which caused death.)	1	_	Valeto mel	700
ANTECEDENT CAUSES	DUE TO	10 Lefoner S	accorner	14. H. = 5
DISEASES OR CONDITIONS, if any, give				
rise to the above couse (A) stating UNDERLYING CONDITION last.	lhe (C)			***************************************
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.	208. IF YES, WERE FINDIN	
19A. DATE OF OPERATION 198. CONDITION F. WAS PERFORMED	ul ol	THE PARTY	IN CERTIFYING CAUSES	DEATH!
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in a about 21 C. WHERE DID	(If in Baltimare City,	give exact location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	omice biag., INJURT OCCUR?		
<u>U</u>	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY	While At Not Whi		• • • • • • • • • • • • • • • • • •	
(APPROX)	Work Al Work			
22. I certify that (I) (this hospital) attended	ed the deceased from	Dec 3	9 66 ta De	c, 11 19 6
that (I) (we) last saw the deceased olive	on Dae 11	19 6 6 ond the	at in(my) (our) aplnion o	leath occurred on the d
and hour and from the couses stated above	e. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	23B. I	DATE SIGNED
11 p	M.D. Att	tending Med.	Stoff \	0
23C PHYSICIAN'S	Mora Ph	23D. ADDRESS	Phy s.	De 11,196
23C. PHYSICIAN'S NAME (Type)		ADDRESS		1.
Chang Kuz K	TM M.D.	mankelin	Square	Hospilal
24A. BURIAL CREMATION 24B. DATE 240	C. NAME OF CEMETERY OF CR	REMATORY 24D. LC	CATION (City, tow	rn, or county) (State
Burial Dec.14,1966	C4 T-1	. Pfe	iffers Corner.	Ma
25A. DATE REC'D BY HEALTH DEPT.   25B. NAM	AE OF REGISTRAN LUI	heren funeral director	ACD W.	ADDRESS
DEC 13 1966 02.02	B.E. Jalley M.R.		om Filippelle	encey
		U L. O. UTRTHOOPU	om, Ellicott Cit	MC



66 12419	BALTIMORE CITY	HEALTH DEPARTMENT	Ano 66 12410
BIRTH NO.	CERTIFICA	TE OF DEATH Register	d No. 00 12419
M.E. CASE NO.  1, NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
(Type or Print) WILL	IAMS, EDITH EST		5:20 P,
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ved. Il institution: residence before admission
FULL NAME OF (If not in hospital or ins	titution, give street	MD. ANNE ARUI	NDEL CA
HOSPITAL OR address or lacotion) INSTITUTION			s, write RURAL and give township)
ST. AGNES HOS	PITAL	PASADENA	52-00
40 ST. Adites 1103	IIIAL	D. STREET ADDRESS (II rural, give lace	otion)
1,0		FT. SMALLWOOD RD.	
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In ye lost birthday)	ors II Under 1 Yr. II Under 24 Hr. Months: Days Hours Min.
FEMALE WHITE	WIDOWED (specify)	2-10-99 67	
OA. USUAL OCCUPATION (Give kind al work 10B, I dane during mast al warking lile, even il retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STOREOWNER	GROCERY	MARYLAND	U.S.A.
3. FATHER'S NAME	ditotiti	14. MOTHER'S MAIDEN NAME	0.0.11
MUNRO SMITH		KATHERINE MATTH	F157
5. Was Deceased Ever in U. S. Armed Farcas?	1 6. SOCIAL		
(Yes, no ar unknawn) (If yes, give war ar dates of s	service) SECURITY NO.	17. INKENS AVE 21229	
UNKNOWN	220-36-6967	ST. AGNES HOSP. RI	ECORDS-CATON & WIL-
18. 287.2	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y (A)	and ordered Parks	101
LEADING TO DEATH (This does not mean the mode of dyin	g, e.g., DUE TO	MONEGARIAN TO OVION	
heart failure, asthenia, etc. II means the	disease,	1 1	
injury or complication which caused death	11.	Dilhonlin	
ANTECEDENT CAUSES	DUE TO	The state of the s	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) static		ellapluve illetalas	110
UNDERLYING CONDITION last.	ng me (C)	VIVOID TON POLITICAL	1
- 11			
OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IO IME		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, IN CERTIFY	, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
2		YES	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, larm, lactary, street, a	n or about 21C. WHERE DID (11 in lifice bldg., INJURY OCCUR?	Baltimare City, give exact lacation)
O DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Day) (Year) (Ho	un 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Whi		
22. I certify that (X) (this haspital) atta		11 10 66	12-10- 19 66
that (1) (we) last saw the deceased all	4.4.4.4		our) apinian death accurred on the do
			our) apinian death accurred on the do
and have and from the causes stated a	bave, (A) (We) (did) (Aid mar)	view the bady after death.	1
23A. SIGNATURE	Y. M		23 B. DATE SIGNED
Janus C. Intous	WALLOW.D. AT	ending Med. Stall Phys. Phys.	12/10/66
23C. PHYSICIAN'S NAME (Type)	/	23 D. ADDRESS	
DR. STEVE C. PAPAS	STEPHANOU M.D.	ST. AGNES HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		(City, town, or county) (State)
REMOVAL (Specily)			
Burial 12/14/66 25A. DATE REC'D NY, HEALTH DERTS 25B.	Glen Haven Memo	25C. FUNERAL DIRECTOR	nie, Maryland
VEU 13 TSOB (IC.	Cest E. Jally M. B.		Home/Glen Burnie, Md
VS 150-REV. 1/1/65		Viernite com Lunster L	Jours Gren Garnie, Ma
V 5 1 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			

Places with a late

ele a l'Este desse . IX male," . The late of the late

. The statute of the

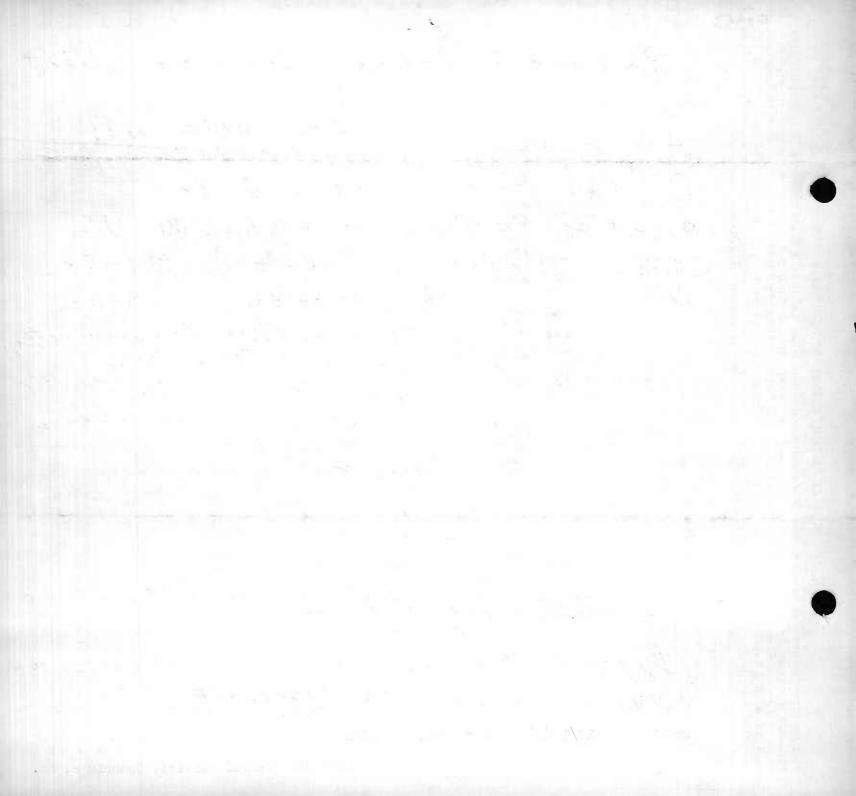
THE EL-EY-2 IN BOILD SYLLEY BULLEY

A THE THE SENSE AT MICH THE TO BE SOMETHING.

7.5.4

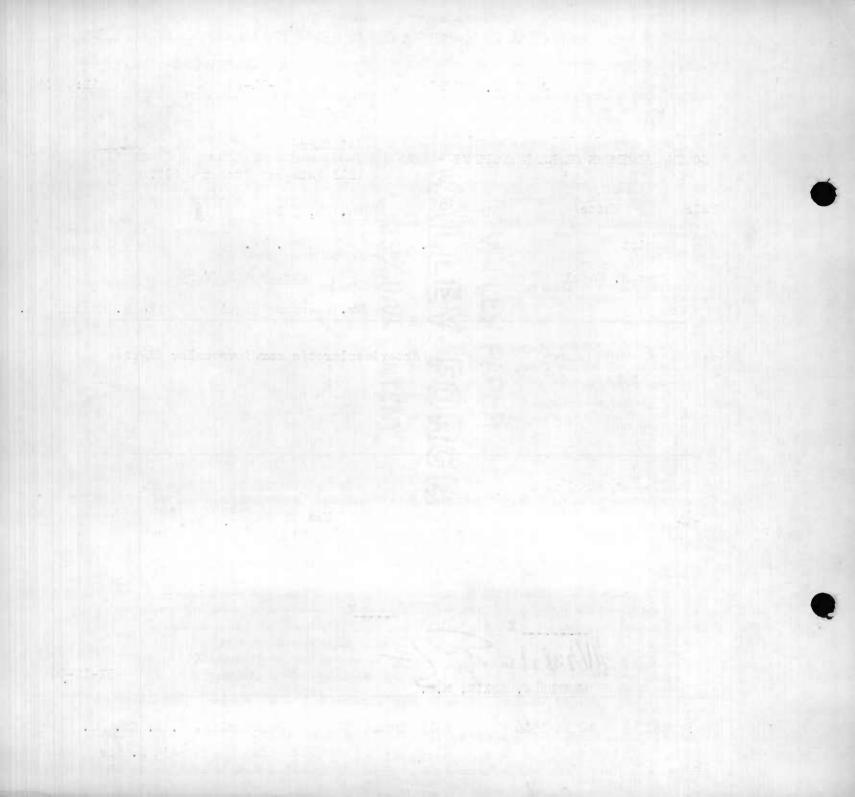
137115 4 L IN

the second secon



MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH Registered No	5 1242
--------------------	-------------	----	---------------------	--------

M.E. CASE NO.								
1. NAME OF D	ECEASED				2. DATE A	ND HOUR PRONOUN	CED DEAD	
		IOHN J.			12-1	2-66		12:40 AM
3. PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RES A. STATE Maryla	nd	e deceosed lived. If in B. CC	ostitution: resid	dence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TO	OWN (If outsi	ide corporate limits, w	ite RURAL or	nd give township)
COLUMN D	A T (TITALOTTE OTENTE)	AT HOST	ATMAT DOA	Baltim			2 40	
SOUTH B	ALTIMORE GENER	KAL HUSP	TIAL - DOA		atapsco	Street 2	1230	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BI	RTH	9. AGE (In year lost birthday)	If Under	1 Yr. If Under 24 Hr. Doys Hours Min.
Male	White	Si	ngle	Jan. 24		46		
	CUPATION (Give kind of world working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTI	RY 11. BIRTHPLAC	E (Stote or fore	ign country)	12. CITIZI	EN OF T COUNTRY?
	mist	Bott	ling Co.	В	alto. M	d.		SA
3. FATHER'S NA	AME			14. MOTHER'S	MAIDEN NAN	ΛE		
Jo	hn H. Nagel				Margar	et Raftery		
15. WAS DECEA	SED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORM AN		-	ADDRESS	
No	vin, in yes, give wor or dole	S OI SELVICE!	SECORITI NO.	Mr. La	wrence	Nagel	124 W.	Randall St
18. / 5	e. /		CAUS	E OF DEATH				INTERVAL BETWEEN
4 of	ASE OR CONDITION DI	DECTIV						ONSET AND DEATH
Dise	LEADING TO DEATH	KECILI I	(A) Arte	riosclero	tic car	diovascular	disea	se
(This doe heart foils	s not meon the mode of re, osthenio, etc. It meons	dying, e.g., the disease,	DUE TO					
injury or	complication which coused	deoth.)						
	ANTECEDENT CAUSE	S						
DISEASE	S OR CONDITIONS, IF A	NY, GIVING	DUE TO					
	THE ABOVE CAUSE (A) S'YING CONDITION LAST.	IATING THE						
Z			(C)					
Ĕ	11							
	GNIFICANT CONDITIONS DEATH BUT NOT RE							
DISEASE	OR CONDITION CAUSING							
DATE	OF OPERATION 19B. CON		WHICH OPERATION	Ye		IN CERTIFYING CA		
UNDERLYING CA	AL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. office bldg., INJU	WHERE DID		give exoct lo	ocotion)
21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21 F.	HOW DID IN.	JURY OCCUR?		
OF INJURY			VHILE AT NOT	WHILE				
22.				WORK [	14.			
	ertify that I held an I	TW0				hls basis, death in		n
res	ulted fram: Natural ca	uses X A	Suici	de Hami	cide	Undetermined man	ner	
ACTU SIGNA	AL ALLETON	sh.	3/ M.I	. ASSISTANT		XAMINER X		DATE SIGNED
	INER'S WERNER	W. SPI	TZ, M.D.	ASSOCIATE	MEDICAL E	XAMINER		12-12-66
23A. BURIAL C REMOVAL (Spe		23	C. NAME OF CEMETERY	or CREMATORY	23 D.	LOCATION (C)	ity, town, or	county) (Stote)
Buria		1966	Holy Cro	SS		rooklyn, A.	A. Co.	Md •
24A. DATE REC			OF REGISTRAR	24C. FUN	ERAL DIRECTO			
	DEC 1.3 1966	Robert	r E, tally MI		Mc Cul	ly 1	30 E. I	Fort "ve
VS 151-REV. 1/	1/65	1	The second second second		1 1	)		



I PAN	ME OF DECEASED				DATE AND	HOUR PRONOUNCE	D DEAD		
(Туре	or Print) THAD	L.	LILLEY SR			er 11, 196		12:05	Δ
3. PLA	CE IN BALTIMORE, MARY			4. USUAL RESIDE		ceased lived. If insti	tution: resid		A. A
				A. STATE	vland	B. COU	NTY		
HOSPI1	NAME OF (IF NOT INTERPRETATION ADDRESS	OR LOCATION)	INSTITUTION, GIVE STREET			carparate limits, write	RURAL on	d give towns!	ip)
Nami	0			Ba1	timore	2	5-0	5	
4	South Ba	ltimore G	General Hospital	D. STREET ADDR					
					O Curtis	Avenue			
. SEX	6. RACE		RRIED, NEVER MARRIED WED, DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)		1 Yr. If Unde Doys   Hours	
	Male Whit		Married	Sept. 13,	1903	63			i
	SUAL OCCUPATION (Give I		ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	tate or foreign	country)	12. CITIZE	N OF T COUNTRY?	
30	Machinist		Electric Co.	North	Caroli	าล	II	S A	
. FAT	HER'S NAME			14. MOTHER'S MA	IDEN NAME				
	George	Lilley		17. INFORMANT	a Moore				
	S DECEASED EVER IN U.	S. ARMED FORC		17. INFORMANT	- m		ADDRESS		
-	Io			Thad Lil	ley Jr.	4120	Curt	is Ave.	
18.	1/231		CAUSE	OF DEATH				INTERVAL BI	
18.	49100 /1	ITION DIRECTLY	Part I all Sales	OF DEATH		10-11-10		INTERVAL BI ONSET AND	
	DISEASE OR COND LEADING TO	O DEATH	Arteri		Cardio	vascular Di			
	DISEASE OR COND LEADING TO	O DEATH	(A)Arteri		Cardio	vascular Di			
	DISEASE OR COND LEADING TO	O DEATH	(A)Arteri		Cardio	vascular Di			
	DISEASE OR COND LEADING TO	O DEATH  made of dying, It means the di h caused death.)	(A)Arteri		Cardiov	vascular Di			
	DISEASE OR COND LEADING TO (This does not meen the heart failure, asthenia, etc. injury or complication which  ANTECEDENT DISEASES OR CONDITION	O DEATH made of dying. It means the di h caused death.)  CAUSES ONS, IF ANY, GI	( (A) Arteri e.g., DUE TO  VING (B) DUE TO		Cardiov	vascular Di			
	DISEASE OR COND LEADING TO (This does not mean the heart failure, asthenia, etc. injury or complication which ANTECEDENT	O DEATH made of dying. It means the di h caused death.)  CAUSES  DNS, IF ANY, GI JSE (A) STATING	(  (A) Arteri  e.g., DUE TO  VING (B) DUE TO		Cardiov	vascular Di			
	DISEASE OR COND LEADING TO (This does not mean the heart failure, astheria, etc. injury or complication which  ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAL UNDERLYING CONDITION	O DEATH made of dying. It means the di h caused death.)  CAUSES  DNS, IF ANY, GI JSE (A) STATING	( (A) Arteri e.g., DUE TO  VING (B) DUE TO		Cardiov	vascular Di			
	DISEASE OR COND LEADING TO (This does not mean the heart failure, astheria, etc. injury or complication which ANTECEDENT DISEASES OR CONDITIO RISE TO THE ABOVE CAL UNDERLYING CONDITIO	O DEATH mode of dying, It means the di h caused death.)  CAUSES DNS, IF ANY, GI USE (A) STATING DN LAST.	(A) Arteri e.g., poesse,  VING THE  (C)		Cardiov	vascular Di			
	DISEASE OR COND LEADING TO (This does not meen the heart failure, asthernia, etc. injury or complication which  ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAU UNDERLYING CONDITION  OTHER SIGNIFICANT CONTO THE DEATH BUT	O DEATH made of dying, Il means the di h caused death.)  CAUSES DNS, IF ANY, GI JSE (A) STATING DN LAST.  NDITIONS CONT NOT RELATED	(A) Arteri e.g., DUE TO  WING (B) DUE TO  THE (C)		Cardiov	vascular Di			
TIFICATION	DISEASE OR COND LEADING TO (This does not mean the heart failure, astheria, etc. injury or complication which  ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAL UNDERLYING CONDITION  OTHER SIGNIFICANT CONTO TO THE DEATH BUT DISEASE OR CONDITION	O DEATH mode of dying, Il means the di h caused death.)  CAUSES DNS, IF ANY, GI JSE (A) STATING DN LAST.  NOITIONS CONT NOT RELATED CAUSING IT.	(A) Arteri e.g., DUE TO  VING (B) DUE TO  THE (C)	osclerotic			sease	ONSET AND	
TOUR TOUR TOUR	DISEASE OR COND LEADING TO (This does not mean the heart failure, astheria, etc. injury or complication which  ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAL UNDERLYING CONDITION  OTHER SIGNIFICANT CONTO TO THE DEATH BUT DISEASE OR CONDITION	O DEATH mode of dying, Il means the di h caused death.)  CAUSES DNS, IF ANY, GI JSE (A) STATING DN LAST.  NOITIONS CONT NOT RELATED CAUSING IT.	(A) Arteri e.g., sease, DUE TO  VING THE  (C)	Osclerotic	(Yes or No) 2(	rascular Di	sease	ONSET AND	DEAT
L CERTIFICATION	DISEASE OR COND LEADING TO (This does not mean the heart failure, astheria, etc. injury or complication which  ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAL UNDERLYING CONDITION  OTHER SIGNIFICANT CONTO TO THE DEATH BUT DISEASE OR CONDITION	O DEATH mode of dying, Il means the di h caused death.)  CAUSES DNS, IF ANY, GI JSE (A) STATING DN LAST.  NOITIONS CONT NOT RELATED CAUSING IT.  198. CONDITION WAS PERFORME	(A) Arteri e.g., sease, DUE TO  VING THE  (C)	Osclerotic	(Yes or No) 20	DB, IF YES, WERE FIN I CERTIFYING CAUS	SEASE	ONSET AND	DEAT

Autopsy X

Homicide

M.D. ASSISTANT MEDICAL EXAMINER X

6 Greenwood Cemetery Tarboro, Edgecombe, N.C.

CHIEF MEDICAL EXAMINER

Mc Cully

23D. LOCATION

Suicide

23C. NAME of CEMETERY or CREMATORY

ond that on this bosis, deoth in my opinion

Undetermined manner

DATE SIGNED

(City, town, or county) (State)

130 E. Fort Ave

12/11/66

Inspection

Accident

Rudiger Breitenecker, M.D.

3 1966 A. D. G. E. Fallena

I certify that I held on Inquiry

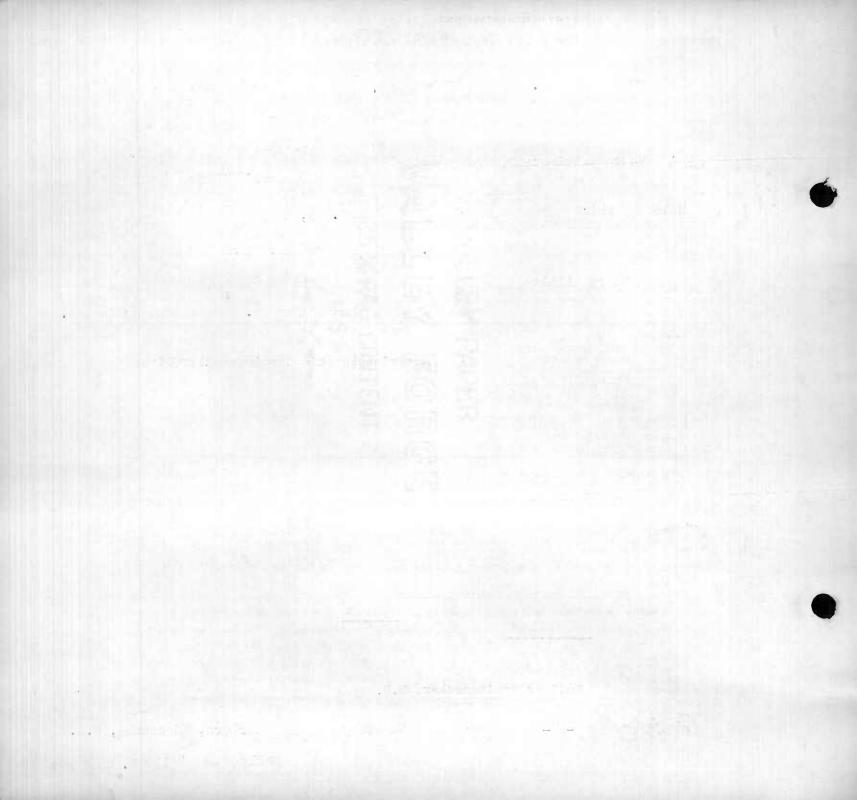
resulted from: Natural couses X

ACTUAL SIGNATURE

23A. BURIAL CREMATION,

VS 151-REV. 1/1/65

EXAMINER'S NAME (Type)



VS 150-REV. 1/1/65

the

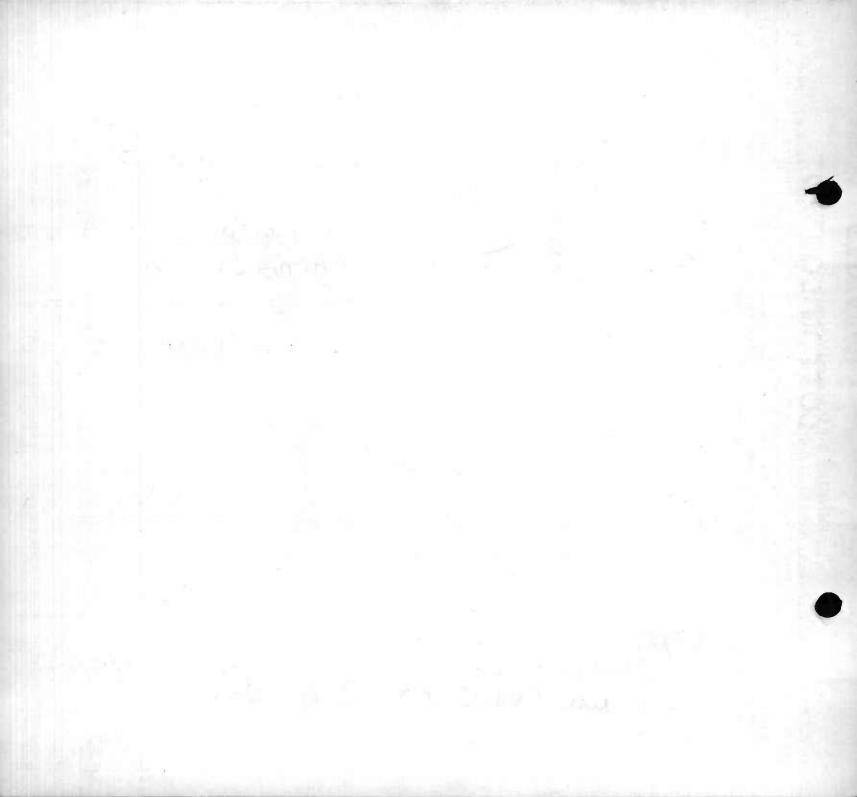
0 death.

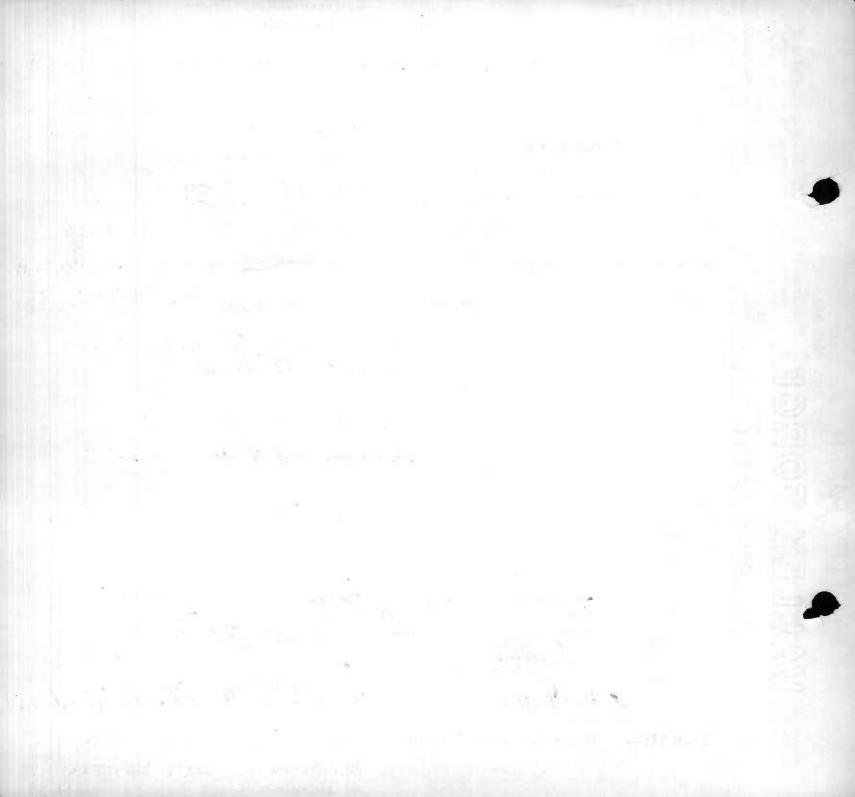
ance

0

10

d in a hospital and ing cause of death cause; (5) Deceased





	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 40 400
M.E CASE NO. 66 12420	CERTIFICA	ATE OF DEATH		66 12425
(Type or Print) SISTER MA	RY GRACE DUFF	Y 2. PATE / N	0/66- 3:	10 P
FULL NAME OF HOSPITAL OR oddress or location)		A. STATE B. COUNTY MARYLAND	TY side city limits, write	nstitution: residence before admission
St. Agnes Hospital		D. STREET ADDRESS (III	Urot, give tocotion	28-41
5. SEX   6. RACE   7. M.	ARRIED, NEVER MARRIED	VILLA ST	. MICHAEL	
FEMALE WHITE	DOWED, DIVORCED (specify)	2/09/1872	94	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of working lite, even if retired)  RELIGIOUS	IND OF BUSINESS OR INDUSTR	IRELAND	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME CHARLES (	DECEASED)	MARY GRANT	(DECEA	SED)
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of s	ervice) SECURITY NO.	ST.AGNES RECO	RDS, WILK	ENS & CATON AVE
DISEASE OR CONDITION DIRECTL' LEADING TO DEATH  (This does not mean the made of dying heart failure, asthenia, etc. It means the dinjury ar camplication which caused death	(A) (DUE TO (B) (B)	essive Hemofi Ed Filmoge 7.	tisis uberculose	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING	VD		
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.		FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact locotion)
21 D. TIME (Month) (Doy) (Year) (House PROX.)	While At At Wark	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (X) (this hospital) atte that (X) (we) last sow the deceased oli	verjon 12/10	1966 ond the	966_to_12 of in(n\XX(our) op	/10 1966
ond hour and from the causes stated \$1 23A. SIGNATURE	Thin M.D. A	ttending Med.	Stoff Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	Weiss M.C		PITAL	LKENS & CATON MORE, MD. 21229
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 12/13/66	24C. NAME of CEMETERY of C Seton Cemetery of Seton Insti	(on grounds	altimore,	Maryland ADDRESS
DEC 1 3 1966 (R)	Rub E. Falleyns		WEN COMPAN	VY 108 W.North Av.

Notice of the Attack of the Control of

SUBJECT LESS

35 SIN . TO 10

POSE TO THE TENNES TO SELECTION

CT. CHIC RECORD, INTEXEND & C

VS 150-REV. 1/1/65

Such

66	1	24	2	7
		A 7	~	6

## BALTIMORE CITY HEALTH DEPARTMENT

6.6	1	680	15	-
00	1	04	0	1

	TH NO.	15451	CERTIFICA	ATE OF DEATH	Registered No	
1, 1	AME OF DECEASED			2. DATE AN	ID HOUR OF DEATH	
{Ty	pe or Print)	attio 7	n Monditt	So	e 11th 6	66 1 5 AM
3.	PLACE OF DEATH IN BALTIM	ORE, MARYLAND	1 MERILES		re deceosed lived. If insti	itution: residence before admission)
	FULL NAME OF (If not in oddiess of the control of t	hospitol or institut or location)	ion, give stieet	C. CITY OR TOWN (If out	Iside city limits, write RU	RAL and give township)
1	00	,		D. STREET ADDRESS (II)	rurol, give location)	45-35
	2252 Ain	tney le	re	2352 de	dney -ar	<b>E</b> -
	SEX 6. RACE		NED, NEVER MARRIED DWED, DIVORCED (specify)	571/1880	9. AGE/In years lost (birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
dor	L'USUAL OCCUPATION (Give ki		OF BUSINESS OR INDUSTR		gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	fe si	t Home	14. MOTHER'S MAIDEN NAM	AA F	NISA
13.	Leonard.	Torr	ester	Harriett	a. Sal	to.
(Ye	Was Deceased Ever in U. S. As, no or unknown) (If yes, give we	med Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	2 - 1	ADDRESS!
	1B. // ) -) / 1		CAUSE	OF DEATH	n meredi	INTERVAL BETWEEN
	70061	TON DIRECTLY	CAUSE	OF DEATH	0	ONSET AND DEATH
	DISEASE OR CONDIT  LEADING TO  (This does not meen the in	DEATH	e.g., Due to	rebial The	sisstema	2 day
	heort foilure, osthenio, etc. injury or complication which	It means the dise coused death.)	ose,	Island Eml	rolean	2 dus
	ANTECEDENT DISEASES OR CONDITION		DUE TO	0110		
	rise to the obove cou UNDERLYING CONDITION	se (A) sloling		, e. U. V		16 year
TION	TO THE DEATH BUT N	OT RELATED TO	ITING THE			
TIFICA			OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
AL CER	27A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examin	OF	21B. PLACE OF tNJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDICAL CERTIFICATION	21 D. TIME (Month) (Doy. (A PPROX.)	Yeor) (Hour)	21E. INJURY OCCURRED While At Not W		URY OCCUR?	
			Work At Wor			11
	22. I certify that (1) (this that (1) (we) lost sow the		12/		ot in (my) (our) opini	on death occurred on the date
	ond hour ond from the cou	ses stated abov	e. (I) (We) (did) (did not)	view the body ofter death.		
	23A. SIGMATURE	believe	M.D. A	ttending Med.	Stoff	23 B. DATE SIGNED
24/	23C. PHYSICIAN'S NAME (Type)	Sehin	fold m.c	23D. ADDRESS	Phys. L	11/100-
	A. BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24	C. NAME OF CEMETERY OF C		OCATION (City,	town, or county) (Stote)
25	Bureal 12	14/66 PT. 25B. NAI	Mt Offeret	Cen. Bo 25C. FUNERAL DIRECTOR	actimios C	MC. ADDRESSA IST
	DE0 12 4	1000 0 00	nm 7. 1	a Vola Oxla	P	9 71 00

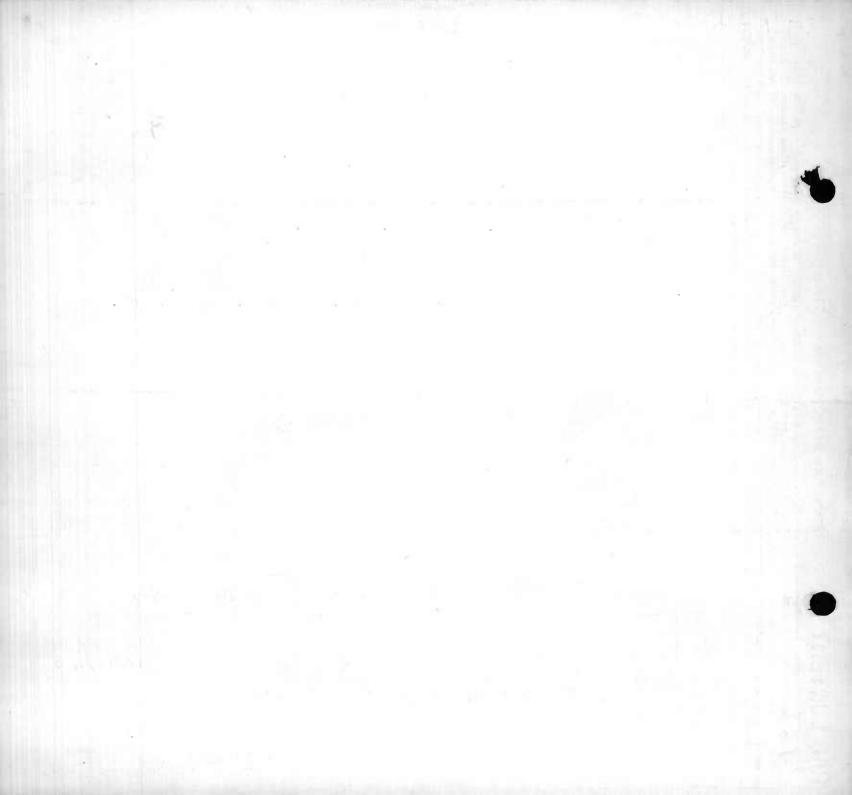
Linear District of the wife

00 1010		ITY HEALTH DEPARTMENT		66 12428
BIRTH NO. 66 12428	CERTIFIC	CATE OF DEATH	Registered Na	00 12420
M.E. CASE NO.  1. NAME OF DECEASED	4	2. DATE AND H	OUR OF DEATH	11
Type or Print)	Backett	1900	1 sth	do 8 1
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where dec	ceased lived. If instit	ution: residence belore admission
		A. STATE		
HOSPITAL OR oddress or tocotion	or institution, give street	C. CITY OR TOWN (If outside	ain. liminin Bild	) A ) d -:
INSTITUTION		C. CITT OK TOWN III BUISING	city limits, write KOK	RAL and give township)
36 1.		D. STREET ADDRESS (If ruro).	give tocotion	-05
Jahl la	-00/-1/	110 -20/ 4	P	0 0+
grantain squ	are Hosp.		contan	\$1.
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)		GE (In years I birthday) N	f Under 1 Yr. If Under 24 H Aanths Doys Haurs Min.
Temale white	Widowed	2/12/1894	72	
A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign co	ountry)	12. CITIZEN OF WHAT COUNTRY?
and during mass of working the, even it remed)	1+ 21.0	Visainia		7/ 6 1
FATHERS NAME	at stome	14. MOTHER'S MAIDEN NAME		4.0.1
11 . 0	10+	100 -0	20	1.
fames D.	Maler	Mina D	. Edwa	aras
. Was Deceased Ever in U. S. Armed Fores, go ar unknown) (If yes, give war ar date	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	0.0.4	ADBRESS and
	7 14-17-033	5 m 2. If	, lota	010- 6
18.	016-6-1-033	OF DEATH	Maior	INTERVAL BETWEEN
4000	CAUSE	OF DEATH	4.5	ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	· Variander Near	Lahren -	Inem 1
(This does not mean the made of	dying, e.g., QUE TO	revisione Hear	Vislace	1 July
hearl failure, asthenia, etc. It means	the disease,			
injury ar camplication which caused	death.)			
ANTECEDENT CAUSES	(B)	***************************************		
DISEASES OR CONDITIONS, if				
rise to the above cause (A)	stating the (C)			
UNDERLYING CONDITION last.				
11				
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I				5. 11 60 11
	Г.			
19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINE	DINGS CONSIDERED
		Tho		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e. home, form, foctory, street	g, in or about C. WHERE DID , office bldg, INJURY OCCUR?	(If in Boltimore C	ity, give exact lacation)
DEATH (natify medical examiner)	etc.)			
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While At Not V	Vhile		
MITROW	Wark L At W			1
22. I certify that (I) (this hospital	) attended the deceased from	Dec. 196	5 to Dec	10 1 1966
that (I) (we) last saw the decease	d alive on Mor	9 19 66 and that in	(my) (our) aninia	on death accurred on the
			, (vor) upitito	addin deconied on the C
and hour ond from the couses stat	ed above. (I) (We) (did) (did no	e) view the bady after deoth.		
23A. SIGNATURE	1 . 1			BR. DATE SIGNED
Thorns 15 RA	fliftes/ M.O.	Attending Med. Staff Phys. Phys	i.	12-12-68
23C. PHYSICIAN'S		23D. ADDRESS	1 01	7 /
NAME (Type)	HAEIRER M	.D. 1. 17961. Nonn	har Oli	+
148 KOLI 1 12. 20	11012 11/2	10,100000	and 1	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY SO	CREMATORY 24D. LOCA	TION SCITY,	town, ar county) (State
B 12/13/	66 Bathalay	1: -1	21 - Ino. 1.	easter Va
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	28M . LIVEL 25C FUNERAL DIRECTOR?	y Jun	ADDRASS
DEC 13 1966 (1	Date E Standard	a del del s	tomas las	900 60
1 1000 0		form files	raygen	Jollen
/S 150-REV. 1/1/65				93 1110

The to take the state of the state of is not reported that the first the f

VS 150-REV. 1/1/65

	0 10108	BALTIMORE CITY	Y HEALTH DEPARTMENT		CC 10AON
	36 12429	CERTIFICA	TE OF DEATH	Registered No.	66 12429
M.E. CASE NO. 1. NAME OF DECEA (Type or Print)		E. BILES	2. DATE AN	D HOUR OF DEATH	1 4.12 P
. PLACE OF DEATI	H IN BALTIMORE, MA		4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION THE JO	oddress or location	ol institution, grve street NS HOSPITAL	D. STREET ADDRESS (IF		RURAL and give township)
	WHITE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	ATION (Give kind of work rking life, even if retired)	Beth. Steel Corp.			12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	Inknonwn			nown	
5. Was Deceased En Yes, no or unknown) (I	ver in U. S. Armed For f yes, give wor or dote WW 1	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 1828 Wa	akona Rd. J.Stuikis	21234 dght.
18. / 2	0/1	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does not heart failure, as injury or compl  AN DISEASES OR rise to the	OR CONDITION DIR ADING TO DEATH meon the mode of sthenio, elc. It meons icotion which coused ITECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost.	dying, e.g., the disease, death.)  (B) (B) DUE TO	ARDIAC AR	REST	40 MIN
TO THE DEA	CANT CONDITIONS C TH BUT NOT RELA ENDITION CAUSING I PERATION 198. CON	TED TO THE	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED
OR CONTRIBUTI	WAS UNDERLYING DAUSE OF	218 PLACE OF INJURY (e.g., i home, form, foctory, street, o	YES in or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA	e City, give exoct locotion)
0	Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED While At Not White At Work		URY OCCUR?	
that (I) (we) lo	ist saw the decease rom the couses stat	) ottended the deceased from	19 60 and the	9 66 to 6	nion death occurred on the dat
23C. PHYSICIAN NAME (Type	J. Jish	M.D. Att	tending Med. Director	Stoff Phys.	12/10/66
24A. BURIAL CREMA REMOVAL (Spe Burial 25A. DATE REC'D BY	TION. 24B. DATE (2/15)	258. NAME OF REGISTRAR	ional Cem B	altimore,	
	DEC 1 3 1968	Rest E. talent	3331 B	runeral H rehms Lan	e, Inc.



	BALTIMORE CITY	HEALTH DEPARTMENT		00 10420
BRTH NO. 66 12430	CERTIFICA	TE OF DEATH	Registered Na	66 12430
A.E. CASE NO.  NAME OF DECEASED  Type of Birth Vale - Hope A	Le <b>e</b>		HOUR OF DEATH	7 8452
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or lection)	give street // NS/bop/fa	BAHIMIN	e deceased lived If in	Gon Ave
SEX 6. RACE 7. MARRIED WIDOWE	, NEVER MARRIED	7-5-82	ost birthd	If Under 1 Yr. If Under 24 Monday Doys Harry Min
one during most of working life, even if retired)	o. City	Baltimore,		12. CITIZEN OF WHAT COUNTRY?
ROBERT SNYDER		14. MOTHERS MAIDEN NAM		
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 20-22-3513	17. INFORMANT Lula Bruns S	nyder, wi	fe, above
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	DEATH T		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTINT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)			
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
) 21A. ACCIDENT WAS UNDERTYING [ 218	ne, form foctory, street, of	n or obout 2/L. WHERE DID fice bldg., INJURY OCCUR?	(If is ballimore	City, give exact locotion)
OF INJURY	INJURY OCCURRED	2)E HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive an and hour and from the cayses stated obove.	12/00	19 66 and the	9 ot in(my) (our) apir	12/10 1966 nian death accurred an the
23A. SIGNATURE MASSO	M.D. Atte	ending Med. Director	Stoff Phys.	12 Collal
123C. PHYSICIAN'S NAME (Type) W Staw WV  1A. BURIAL CREMATION, 1248. DATE 124C.N	M.D.  AME of CEMETERY OF CRE			PITAL  ly, town, or county) (State
Burial 12/13/66 Mc	orel and Mem.		ltimore,	
A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	Schimungk F	uneral Ho	me, Inc.



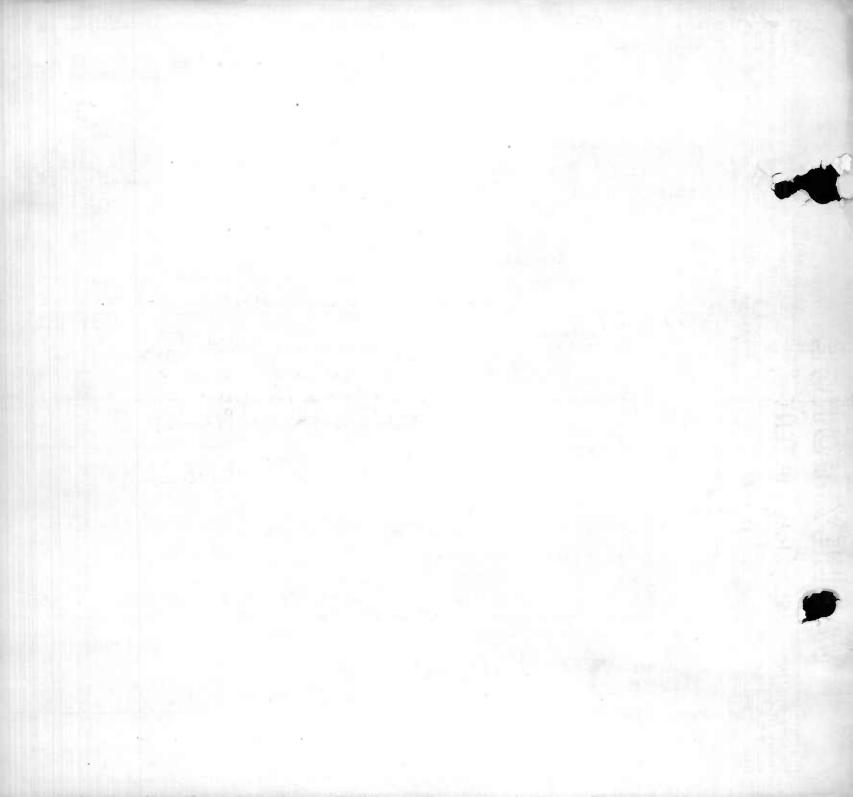
man sin and

REFA T I

a hospital and

BIRTH NO.					
	66 124	33 CERTIFICA	TE OF DEATH	Registered No	66 12431
M.E. CASE NO.	SED		DATE	AND HOUR OF DEATH	1
Type or Print)		CHARVAT LEHECKA		. 11, 1966	7 a.
PLACE OF DEATH	IN BALTIMORE MARY				institution: residence before edmissier
A PLACE OF BLATE	THE BALLINGORE MARK	EARD	A. STATE B. CO		institution: residence before earnissie
FULL NAME OF	(If net in hespital er	institution, give street	Md. 21	213	
HOSPITAL OR eddress et lecetien)					RURAL end give tewnship)
INSTITUTION			Baltim	ore	26-03
321	1 Ramona A	370		(If rurel, give lecotion)	5000
00 221	I Manoria M	· C •			
			1	amona Ave.	
	RACE 7.	MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yeers lest birthdey)	Months Doys Hours Min.
female	white	widowed	12/24/1882	83	
DA. USUAL OCCUPA	ATION (Give kind of work )	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	oreign country)	12. CITIZEN OF
	king life, even if retired)	1 5 10	D-14imaga	Ma	WHAT COUNTRY?
Salesla	dy	Murphy 5 & 10	Baltimore,	1,10.	
3. FATHER'S NAME		DEPRESENTATION OF THE	14. MOTHER'S MAIDEN		
J	oseph Char	vat	Marie	Hruby	
			17.		
	yes, give wor or detes		17. INFORMANT		ADDRESS
		220-14-9340	Emily Aime	e'e, McCarro	n-dght. above
118 / / -	1.	CAUSE O			INTERVAL BETWEEN
1-42	0./1		PUEATH	0 2-	ONSET AND DEATH
	OR CONDITION DIRE	CTLY ()	10 A 1 - A 1 1.	RAN. N.	1-1
	ADING TO DEATH	(A)	o whary	Comme	
	mean the mode of dithenio, etc. It means the		male in a st	Callon, 15	
	cation which caused d		o work	Sellian	
AN	TECEDENT CAUSES	(B)	24/2010	4460	<del></del>
		DUE TO 2		[00 C	
	above couse (A) s		lies & elle	ues the 111	/-
line in line		siding life (C)		/ 4	
	CONDITION last.				
UNDERLYING (	CONDITION last.	ANYTHING A	3 0	1 1 1 1 1 1	
OTHER SIGNIFIC	CONDITION (as),  II  CANT CONDITIONS CO.  TH BUT NOT RELATI	ED TO THE DANGERAL	a u a u u a	mal Tueto.	<i>-</i>
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO	CONDITION last.  II  CANT CONDITIONS CO  TH BUT NOT RELATION DITION CAUSING IT.	ED TO THE PLONGER	avenira;	Waltutre	1021
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO	CONDITION last.  II CANT CONDITIONS CO TH BUT NOT RELATION CAUSING IT. PERATION [198. CONDI	ED TO THE HOLD OF	OULIWA; I	Waltuly Not 208. If YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO	CONDITION last.  II  CANT CONDITIONS CO  TH BUT NOT RELATION DITION CAUSING IT.	ED TO THE HOLD OF	ONUMA; I	Malulu No 208. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFIC TO THE DEA DISEASE OR CO 19A. DATE OF O	CONDITION last.  II CANT CONDITIONS CO. TH BUT NOT RELATION DITION CAUSING IT.  PERATION 1798, CONDITION WAS PERFO	ITION FOR WHICH OPERATION    218. PLACE OF INJURY (e.g., i	n er ebeut 21 C. WHERE DID	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19.4. DATE OF O. 21.4. ACCIDENT OR CONTRIBUTION	CONDITION Iosi.  II CANT CONDITIONS CO TH BUT NOT RELATION CAUSING II. PERATION 198. CONDIWAS PERFO  WAS UNDERLYING TO CAUSE OF	ITION FOR WHICH OPERATION	n er ebeut 21 C. WHERE DID	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNIFIC TO THE DEA DISEASE OR CO. 19A-DATE OF O. 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m.)	CONDITION last.	ITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, ferm, fectory, sheet, e etc.)	n er ebeut 21 C. WHERE DID ffice bldg., INJURY OCCUR	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19.A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m. 21D. TIME (1)	CONDITION Iosi.  II CANT CONDITIONS CO TH BUT NOT RELATION CAUSING II. PERATION 198. CONDIWAS PERFO  WAS UNDERLYING TO CAUSE OF	ITION FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., i home, ferm, fectory, sheet, etc.)  (Heur) 21 E. INJURY OCCURRED	n er ebeut 21 C. WHERE DID ffice bldg., INJURY OCCUR	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19.A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m.) DEATH (notify	CONDITION last.	TION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into the later)  (Heuri)  21E. INJURY OCCURRED  While At Net While	n er ebeut 21 C. WHERE DID ffice bldg., INJURY OCCUR	IN CERTIFYING C	AUSES OF DEATH?
UNDERLYING OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19A. DATE OF O 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m) DEATH (notify m) 21D. TIME (APPROX.)	CONDITION last.  II CANT CONDITIONS CO ITH BUT NOT RELATION DITION CAUSING IT.  PERATION 198. CONDIWAS PERFO  WAS UNDERLYING OR CAUSE OF edicel exemine)  Menth) (Dey) (Year)	ITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, ferm, fectery, sheet, elec.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Werk	n er ebeut 21 C. WHERE DID ffice bldg., INJURY OCCUR	IN CERTIFYING C	AUSES OF DEATH?
UNDERLYING OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19A. DATE OF O 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m) DEATH (notify m) 21D. TIME (APPROX.)	CONDITION last.  II CANT CONDITIONS CO ITH BUT NOT RELATION DITION CAUSING IT.  PERATION 198. CONDIWAS PERFO  WAS UNDERLYING OR CAUSE OF edicel exemine)  Menth) (Dey) (Year)	ITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, ferm, fectery, sheet, etc.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Werk  ottended the deceosed from	n er ebeut 21 C. WHERE DID ffice bldg., INJURY OCCUR	IN CERTIFYING C	AUSES OF DEATH?
UNDERLYING OF THE DEAD DISEASE OR CO. 19.A. DATE OF O. 21.A. ACCIDENT OR CONTRIBUTION DEATH (notify m. 21.D. TIME OF INJURY (APPROX.)	CONDITION last.  II CANT CONDITIONS CO ITH BUT NOT RELATION DITION CAUSING IT.  PERATION 198. CONDIWAS PERFO  WAS UNDERLYING OR CAUSE OF edicel exemine)  Menth) (Dey) (Year)	ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., i home, ferm, fectory, sheet, e etc.)  (Heur)  21E. INJURY OCCURRED  While At Net Whill Net While At Werk  ottended the deceosed from	n er ebeut 21C. WHERE DID ffice bldg., INJURY OCCUR	IN CERTIFYING C	ore City, give exect leceñon)
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19.A. DATE OF O CONTRIBUTION DEATH (notify m OF INJURY (APPROX.)  22. I certify the thot (I) (we) Io	CONDITION last.    CANT CONDITIONS CO   CH BUT NOT RELATION CAUSING IT.   PERATION   198. CONDITION CAUSING IT.   PERATION   198. CONDITION CAUSING IT.   PERATION   198. CONDITION CAUSE OF edicel exeminer)    Was UNDERLYING   CAUSE OF edicel exeminer)   Wenth   (Dey) (Year)   Oot (I) (this hospital)   est sow the deceosed	ITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., into the latest of the latest o	21F. HOW DID	IN CERTIFYING C	ore City, give exect lecetion)
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 197A. DATE OF O 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m 21D. TIME OF INJURY (APPROX.)  22. I certify the thot (I) (we) lo ond hour ond fi	CONDITION last.    CANT CONDITIONS CONTINUES C	ITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, ferm, fectery, sheet, etc.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Werk  ottended the deceosed from	21F. HOW DID	IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exect lecefion)  1966  Dinion deoth occurred on the do
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 199A. DATE OF O 21A. ACCIDENT OR CONTRIBUTION CONTRIBU	CONDITION last.    CANT CONDITIONS CONTINUES C	TION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into home, ferm, fectery, sheet, elec.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Werk  ottended the deceosed from olive on dobove. (I) (We) (did) (did not)	21F. HOW DID  1966 ond	IN CERTIFYING C	ore City, give exect lecenon)
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 197A. DATE OF O 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m 21D. TIME OF INJURY (APPROX.)  22. I certify the thot (I) (we) lo ond hour ond fi	CONDITION last.    CANT CONDITIONS CONTINUES C	TION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into the latest of	21F. HOW DID  1966 ond  21ew the body ofter deci-	IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exect leceñon)  1966  Dinion deoth occurred on the do
UNDERLYING OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 1974. DATE OF O 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m DEATH (noti	CONDITION last.  II CANT CONDITIONS CO TH BUT NOT RELATI. PERATION 198. CONDITION CAUSING IT. PERATION 198. CONDIWAS PERFO  WAS UNDERLYING NG CAUSE OF edicel exeminer)  Wenth) (Dey) (Year)  or (!) (this hospitol) est sow the deceosed rom the couses state.	TION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, ferm, fectery, sheet, etc.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Werk  Ottended the deceosed from olive on dobove. (I) (We) (did) (did not) the plane of the plan	21F. HOW DID  1966 ond  21ew the body ofter dead	IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exect lecefion)  1966  Dinion deoth occurred on the do
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19.A. DATE OF O. 21.A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.)  22. I certify the thot (I) (we) loond hour ond for 23.A. SIGNATURE	CONDITION last.  II CANT CONDITIONS CO ITH BUT NOT RELATION DITION CAUSING IT.  PERATION 198. CONDIWAS PERFO  WAS UNDERLYING CAUSE OF edicel exeminer)  Menth) (Dey) (Year)  ot (I) (this hospital) est sow the deceosed from the couses states  III CANTER TO THE CONDITION OF THE COUSES STATES TO THE COUSE STATES TO	TION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., into the later).  (Heur)  21E. INJURY OCCURRED  While At Net Whith At Werk  ottended the deceosed from the later of the	21F. HOW DID  1966 ond  riew the body ofter deor	IN CERTIFYING C  (If in Beltimo  INJURY OCCUR?  thot in (my) (our) op  the  Stoff Phys.	AUSES OF DEATH?  DIE City, give exect lecefion)  1966  Dinion deoth occurred on the do
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19.4. DATE OF O. 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m. 21D. TIME (APPROX.)  22. I certify the thot (I) (we) loond hour ond find the contribution of the con	CONDITION last.  II CANT CONDITIONS CO TH BUT NOT RELATI. PERATION 198. CONDITION CAUSING IT. PERATION 198. CONDIWAS PERFO  WAS UNDERLYING NG CAUSE OF edicel exeminer)  Wenth) (Dey) (Year)  or (!) (this hospitol) est sow the deceosed rom the couses state.	ITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, ferm, fectery, sheet, etc.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Werk  ottended the deceosed from olive on dobove. (I) (We) (did) (did not)	21F. HOW DID  1966 ond  riew the body ofter deor	IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exect lecefion)  1966  Dinion deoth occurred on the do
UNDERLYING OTHER SIGNIFIC TO THE DEAD DISEASE OR CC 19A. DATE OF O 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m) 121D. TIME (APPROX.)  22. I certify the thot (I) (we) Io ond hour ond find 123A. SIGNATURE 23C. PHYSICIAN: NAME (Type 14A. BURIAL CREMA	CONDITION last.  II CANT CONDITIONS CO ITH BUT NOT RELATION DITION CAUSING IT.  PERATION 198. CONDIWAS PERFO  WAS UNDERLYING CAUSE OF edicel exemine)  Wenth) (Dey) (Year)  or (!) (this hospital) est sow the deceosed from the couses states  S  OT . Walter	TION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., into the later).  (Heur)  21E. INJURY OCCURRED  While At Net Whith At Werk  ottended the deceosed from the later of the	21F. HOW DID  31F. HOW DID  31	IN CERTIFYING C  (If in Beltimo  INJURY OCCUR?  That in (my) (our) of the control	AUSES OF DEATH?  DIE City, give exect leceñon)  1966  Dinion deoth occurred on the do
UNDERLYING OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19.A. DATE OF O 21.A. ACCIDENT OR CONTRIBUTION DEATH (notify m) DEATH (n	CONDITION last.  II CANT CONDITIONS CO TH BUT NOT RELATION DITION CAUSING IT. PERATION 198. CONDIWAS PERFO  WAS UNDERLYING CAUSE OF edicel exeminer  Menth) (Dey) (Year)  ot (!) (this hospital) est sow the deceosed from the couses state  Constitution of the couses state  ATION, 248. DATE	TION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into home, ferm, fectery, sheet, ender.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Werk  Ottended the deceosed from olive on dobove. (I) (We) (did) (did not) vice of the home of the	21F. HOW DID  1966 ond  21st dead of the body of the decident of the body of the decident of the body of the decident of the body of the b	IN CERTIFYING C  (If in Beltimo  INJURY OCCUR?  In the in (my) (our) of	DIE City, give exect lecehon)  19 6 6  23 B. DATE SIGNED  City, town, er ceunty) (Stote)
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m. 1940). 1940 (APPROX.)  22. I certify the thot (I) (we) loond hour ond fit 23A. SIGNATURE  23C. PHYSICIAN: NAME (Type  24A. BURIAL CREMAREMOVAL (Spe BURIAL)	CONDITION last.  II CANT CONDITIONS CO ITH BUT NOT RELATION DITION CAUSING IT.  PERATION 198. CONDIWAS PERFO  WAS UNDERLYING CAUSE OF edicel exemine)  Wenth) (Dey) (Year)  ot (!) (this hospital) est sow the deceosed from the couses states  II  ATION, 248. DATE CITY CONDITIONS  ATION, 248. DATE 12/14/6	TITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., into home, ferm, fectery, sheet, elec.)  (Heuri)  21E. INJURY OCCURRED  While At Net While At Werk  ottended the deceosed from olive on dobove. (I) (We) (did) (did not) with the control of t	21F. HOW DID  22F. HOW DID  22	thot in (my) (our) of the Stoff Phys.   Location (Baltimore,	auses of Death?  Die City, give exect lecehon)  1966  23B. DATE SIGNED  City, town, er ceunty)  (Stote)
UNDERLYING OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19A. DATE OF O 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m) 21D. TIME (APPROX.)  22. I certify the thot (I) (we) loond hour ond for 23A. SIGNATURE 23C. PHYSICIAN: NAME (Type) 24A. BURIAL CREMAREMOVAL (Spe	CONDITION last.  II CANT CONDITIONS CO ITH BUT NOT RELATION DITION CAUSING IT.  PERATION 198. CONDIWAS PERFO  WAS UNDERLYING CAUSE OF edicel exemine)  Wenth) (Dey) (Year)  ot (!) (this hospital) est sow the deceosed from the couses states  II  ATION, 248. DATE CITY CONDITIONS  ATION, 248. DATE 12/14/6	TION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into home, ferm, fectery, sheet, ender.)  (Heur)  21E. INJURY OCCURRED  While At Net While At Werk  Ottended the deceosed from olive on dobove. (I) (We) (did) (did not) vice of the home of the	21F. HOW DID  1966 ond  21F. HOW DID  22F. H	thot in (my) (our) of the Stoff Phys.   Location (Baltimore,	auses of Death?  Die City, give exect lecehon)  19 6 6  Dinion deoth occurred on the do  23 B. DATE SIGNED  City, town, er ceunty) (Stote)  Md.

VS 150-REV. 1/1/65



a hospital and

C	10400		BALTIMORE CIT	Y HEALTH DEPARTMENT		66 12432
	3 12432		CERTIFICA	ATE OF DEATH	Registered No.	00 12,404
M.E. CASE NO.  1. NAME OF DECE (Type or Print)	ELSIE	JOHNS	oN	2. DATE A	and hour of DEATH	
. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI A. STATE B. COU		nstitution: residence before od
FULL NAME OF	F (If not in hospital oddress or location		re street	C. CITY OR TOWN (If a	outside city limits, write	RURAL and give township)
Lutter	an Rospin	1al 87	me.	D. STREET ADDRESS	TIMORE If rurol, give location)	16-0
- SEX	6. RACE		IEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	- ,
F	C	Marrie	DIVORCED (specify)	1-4-19	lost birthdgy.	If Under 1 Yr. If Under Months Doys Hours
	vorking life, even if retired)	k 108. KIND OF E	USINESS OR INDUSTR	North Carol:		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	NE .			14. MOTHER'S MAIDEN N	AME	
			?			?
	Ever in U. S. Armed Fo. (It yes, give wor or dote		6. SOCIAL SECURITY NO.	Hospital C	hart	ADDRESS
1B. /	ZVI		CAUSE	OF DEATH		- INTERVAL BETWI
iise lo lhe	R CONDITIONS, if obave cause (A) CONDITION lost.		(C)			
E TO THE DI	FICANT CONDITIONS ( EATH BUT NOT RELA CONDITION CAUSING	ATED TO THE				
	OPERATION 198. CON WAS PER	IDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or )	10 CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF medicol exominer	21 8. P home, etc.)	torm, foctory, street,	in or obout 27 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. I While Work	NJURY OCCURRED  Not What World At World		NJURY OCCUR?	
22. I certify	that (1) (this hospita				to	19
				19ond		
		ted obove. (I)	(We) (did) (did not)	view the body ofter death	•	
23A. SIGNATU	Lugas	C. Uji	lly agree of	thending Med.	Stoff Phys.	12 - 9 - 6
23C. PHYSICIA NAME (T)	LUCAS	C. Vill	Ut YAPIAL	239. ADDRESS	1/1 00	sal of Ma
24A. BURIAL CREA	MATION, 248. DATE		AP of CEMETERY of C			City, town, or (county)
Burial	12/13/	66 Mt	Calvary C	emetry	A A County	Md

North Ave 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1206 W Halstead Adolphus

balvini ; q

andlesso need

and learn taleboard 1206 in North ton-

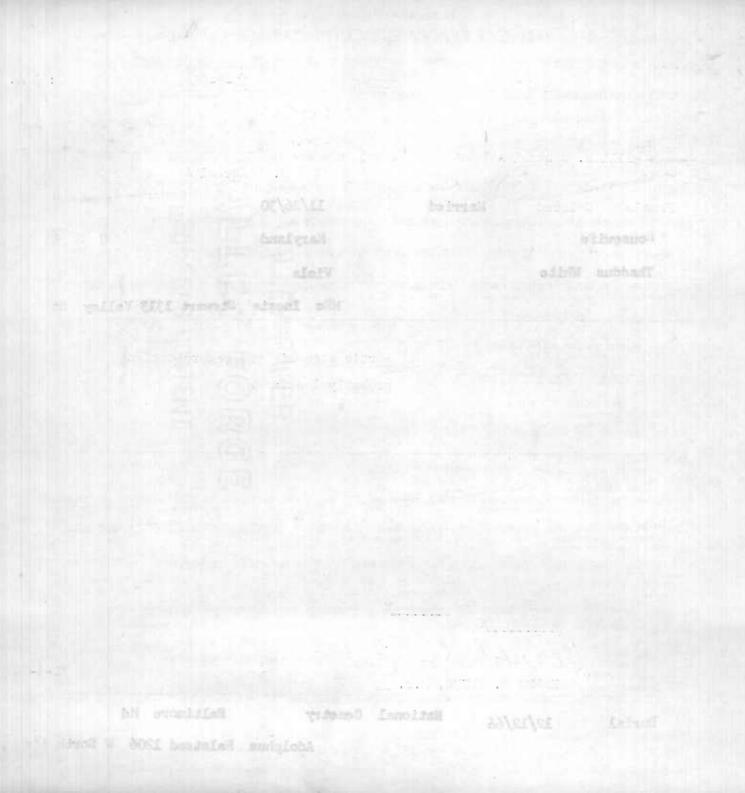
FUNERAL DIRECTOR: IMPORTANT

BIKT	H NO.	5 1243		CERTIE	CATE OF DI	-AIH	Registered	NO	6 124
M.E.	CASE NO.			CERTITION	CAIL OI DI	-/ \			
1, N/	AME OF DECEASED		11.11	-1/		2. DATE AN	HOUR OF DE	ATH	2 66
	LACE OF DEATH IN B	Rd, 1	MODE	= //	The Herral Beers		6	18 1	2-
3. PI	LACE OF DEATH IN B	ALTIMORE, MAR	ITLAND		A. STATE	B. COUN.	deceased lived.	. If institution	: residence befor
F	ULL NAME OF (IF	not in hospital a	or institution, g	ive street	Md				4,4.6
				· . Hom	C. CITT OR TO	NN (If outs	ide city limits, v	vrite RURAL	ond give townsh
41	NEOLN ME	MORIAL	- Nurs	, 29	D. STREET ADD	RESS (III	rol, give locotion	n)	24-
di	ON. CAREY				ROUTE	5	Box 50		
S. SI	EX 6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT	н [9	. AGE (In years	If U	nder 1 Yr. , If U
	MN			Separa Jed	3/10/9:	5- 1	ost birthdoy	Monti	Doys Hours
	USUAL OCCUPATION				STRY 11. BIRTHPLACE	(State or foreig	n country)	12. 0	ITIZEN OF
done	during most of working life	e, even if retired)				?		· ·	HAT COUNTRY
13. F	ATHER'S NAME				14. MOTHER'S A	AAIDEN NAM	E		7 3/7-
	ZIN KNOWA	,			10.00				
	Was Deceased Ever in L	J. S. Armed Forc		1 6. SOCIAL	17. INFORMANT	NOWN			ADDRESS
Yes	, no or unknown) (If yes, s	give wor or dotes	s of service)	SECURITY NO.			· .		
	18. / 2 / /			212-03-153	8 Mrs N	artha	Johnson	Pasad	ena Md
	4:34 1	ONDITION DIS	r e = L v	CAUS	e or DEATH				ONSET AND
	DISEASE OR CO	G TO DEATH	ECILI	/	ongestide	- Ulan	of En	1,05	
	IThis does not meon	the mode of	dying, e.g.,	DUE TO	ongestive	- MEHI	4 / 1911	arct	
	hearl lailure, osthenia,					1			
			00011111						
	ANTECED	DENT CAUSES		(B)					
		DENT CAUSES		DUE TO	***************************************				
	DISEASES OR CON	DITIONS, il o			•••••••	***************************************			***************************************
	DISEASES OR CON	DITIONS, il o cause (A)		DUE TO					
	DISEASES OR CON rise to the obave UNDERLYING COND	DITIONS, il o cause (A) ITION lost.	sloting the	<b>₽</b> (C)					
z	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT (TO THE DEATH B	DITIONS, il o cause (A) ITION lost.  Il CONDITIONS CO	Sloting the ONTRIBUTING TED TO THE	<b>₽</b> (C)	Palaum	n/.'A			
ATION	DISEASES OR CONTISE TO THE SIGNIFICANT OF THE DEATH BUSEASE OR CONDITION	DITIONS, il o cause (A) ITION losi.	Sloting the ONTRIBUTING	Ø (C)	fueumo 120a autores		208. IF YES W.	FRE FINDIN	GS CONVIDENCE
ATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT (TO THE DEATH B	DITIONS, il o cause (A) ITION losi.	ONTRIBUTING TED TO THE	<b>₽</b> (C)		N, A =	208. IF YES, W	ERE FINDIN CAUSES O	GS CONSIDERED F DEATH?
CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT TO THE DEATH B DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS	DITIONS, il o cause (A) ITION lost.  II CONDITIONS CO ULT NOT RELATION CAUSING IT ON 198. CONE WAS PERFO	ONTRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTION TO THE	DUE TO	20A. AUTOPS	Y? (Yes or No)	IN CERTIFYING	CAUSES	F DEATH?
L CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT (TO THE DEATH B DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OPERA	DITIONS, il o cause (A) ITION lost.  II CONDITIONS CO. IUT NOT RELATION CAUSING IT ON 198 CONE WAS PERFO	ONTRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTION TO THE	DUE TO	20A. AUTOPS	Y? (Yes or No)	IN CERTIFYING	CAUSES	F DEATH?
ICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT TO THE DEATH B DISEASE OR CONDITION TO THE DEATH B DISEASE OR CONDITION TO THE DEATH B DISEASE OR CONDITION TO THE DEATH CONTRIBUTING DEATH (notify medical)	DITIONS, il o cause (A) ITION lost.  II CONDITIONS CO. IUT NOT RELATION CAUSING IT ON 198 CONE WAS PERFO	ONTRIBUTING TED TO THE . DITION FOR WORMED  21 B. home etc.)	PLACE OF INJURY (e., form, foctory, stree	.g., in or obout 21 C. W. office bldg., INJURY	Y? (Yes or No) HERE DID OCCUR?	(If in Bol	CAUSES	F DEATH?
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT ( TO THE DEATH B DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY	DITIONS, il o cause (A) ITION lost.  II CONDITIONS CO UIT NOT RELATION CAUSING IT ON 19B. COND WAS PERFO UNDERLYING CAUSE OF exominer)	ONYRIBUTING TED TO THE CONTRIBUTION FOR WORMED  21 B. home etc.)  (Hour) 21 E. Whill	PLACE OF INJURY (e., form, foctory, stree	20A. AUTOPS  .g., in or obout 21C. While 21F. HC	Y? (Yes or No)	(If in Bol	CAUSES	F DEATH?
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT OF THE DEATH B DISEASE OR CONDITION  19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical  21D. TIME (Month) OF INJURY (APPROX.)	DITIONS, il o cause (A) ITION lost.  II CONDITIONS CO. IUT NOT RELATION CAUSING IT ON 198. CONE WAS PERFO UNDERLYING CAUSE OF exominer)  (Doy) (Year)	ONTRIBUTING TED TO THE INTERPORT WORKED  21 B. home etc.)  (Hour) 21 E. Whill Work	PLACE OF INJURY (e., form, foctory, stree	20A. AUTOPS  .g., in or obout 21C. W. t, office bldg., INJURY	Y? (Yes or No) HERE DID OCCUR?	(If in Bol	timore City,	F DEATH?
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT OF THE DEATH B DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical  21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (1)	DITIONS, il o cause (A) ITION lost.  II CONDITIONS CO IUT NOT RELATION CAUSING IT ON 198. CONE WAS PERFO UNDERLYING CAUSE OF exominer)  (Doy) (Year)	ONTRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTION FOR WORMED  21 B. home etc.)  (Hour) 21 E. Whill Work  attended th	PLACE OF INJURY (e., form, foctory, stree	20A. AUTOPS  .g., in or obout 21C. While Vork	Y? (Yes or No) HERE DID OCCUR?	(If in Bol	timore City,	F DEATH?
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT OF THE DEATH B DISEASE OR CONDITION  19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical  21D. TIME (Month) OF INJURY (APPROX.)	DITIONS, il o cause (A) ITION lost.  II CONDITIONS CO IUT NOT RELATION CAUSING IT ON 198. CONE WAS PERFO UNDERLYING CAUSE OF exominer)  (Doy) (Year)	ONTRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTION FOR WORMED  21 B. home etc.)  (Hour) 21 E. Whill Work  attended th	PLACE OF INJURY (e., form, foctory, stree	20A. AUTOPS  .g., in or obout 21C. W. it, office bldg., INJURY  While	Y? (Yes or No) HERE DID OCCUR?  DW DID INJU	(If in Bol	timore City,	F DEATH?
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT OF THE DEATH B DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical  21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (1)	DITIONS, il o cause (A) iTION lost.  II CONDITIONS COUT NOT RELATION CAUSING IT ON 198. CONE WAS PERFORMAN (Doy) (Year)  (this haspital) with edeceased	ONTRIBUTING TED TO THE DITION FOR WORMED  21B. home etc.)  (Hour) 21E. Whill Work  attended the	PLACE OF INJURY (e., form, foctory, stree	20A. AUTOPS  .g., in or obout 21C. With office bldg., INJURY  21F. HC	Y? (Yes or No) HERE DID OCCUR?  DW DID INJU	(If in Bol	timore City,	F DEATH?
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT ( TO THE DEATH B DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical  21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (1) that (1) (we) last save	DITIONS, il o cause (A) iTION lost.  II CONDITIONS COUT NOT RELATION CAUSING IT ON 198. CONE WAS PERFORMAN (Doy) (Year)  (this haspital) with edeceased	ONTRIBUTING TED TO THE DITION FOR WORMED  21B. home etc.)  (Hour) 21E. Whill Work  attended the	PLACE OF INJURY (e., form, foctory, stree	20A. AUTOPS  .g., in or obout 21C. With office bldg., INJURY  21F. HC	Y? (Yes or No) HERE DID OCCUR?  DW DID INJU	(If in Bol	timore City,	F DEATH?
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT ( TO THE DEATH B DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical  21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) that (I) (we) last say and haur and from the	DITIONS, il o cause (A) iTION lost.  II CONDITIONS COUT NOT RELATION CAUSING IT ON 198. CONE WAS PERFORMAN (Doy) (Year)  (this haspital) with edeceased	ONTRIBUTING TED TO THE DITION FOR WORMED  21B. home etc.)  (Hour) 21E. Whill Work  attended the	PLACE OF INJURY (e., form, foctory, stree	20A. AUTOPS  .g., in or obout 21C. W. t, office bldg., INJURY  21F. HC	Y? (Yes or No) HERE DID OCCUR?  DW DID INJU	(If in Bol	timore City,	F DEATH? give exact locati
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT OF THE DEATH B DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical)  21D. TIME (Month) CAPPROX.)  22. I certify that (1) that (1) (we) last sav and haur and from the	DITIONS, il o cause (A) iTION lost.  II CONDITIONS COUT NOT RELATION CAUSING IT ON 198. CONE WAS PERFORMAN (Doy) (Year)  (this haspital) with edeceased	ONTRIBUTING TED TO THE DITION FOR WORMED  21B. home etc.)  (Hour) 21E. Whill Work  attended the	PLACE OF INJURY (e., form, foctory, stree	20A. AUTOPS  .g., in or obout 21C. W. it, office bldg., INJURY  21F. HC	Y? (Yes or No) HERE DID OCCUR?  DW DID INJU	(If in Bol	timore City,	F DEATH? give exact location eath accurred
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT ( TO THE DEATH B DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical  21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) that (I) (we) last say and haur and from the	DITIONS, il o cause (A) iTION lost.  II CONDITIONS COUT NOT RELATION CAUSING IT ON 198. CONE WAS PERFORMAN (Doy) (Year)  (this haspital) with edeceased	ONTRIBUTING TED TO THE DITION FOR WORMED  21B. home etc.)  (Hour) 21E. Whill Work  attended the	THICH OPERATION  PLACE OF INJURY (e., form, foctory, stree  INJURY OCCURRED  e A1  Not A1 V  e deceased fram  (We) (did) (did not)  (We) (did) (did not)	20A. AUTOPS  .g., in or obout 21C. With office bldg., INJURY  21F. HC  While 21F. HC  while 35  19  Attending 23D. ADDRESS	Y? (Yes or No) HERE DID OCCUR?  DW DID INJU	(If in Bol	timore City,	F DEATH? give exact locati
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT OF THE DEATH B DISEASE OR CONDITION  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical  21D. TIME (Month)  CAPPROX.)  22. I certify that (I) that (I) (we) last sav and haur and from the 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION	DITIONS, il o cause (A) ITION lost.  II CONDITIONS COMUT NOT RELATION CAUSING IT ON LOST CONTROL CAUSING IT ON LOST CONTROL CAUSE OF exominer)  (Doy) (Year)  (this haspital) w the deceased the causes state	ONYRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTION FOR WORMED  21 B. home etc.)  (Hour)  21 E. Whill Work  attended the dalive an	PLACE OF INJURY (e., form, foctory, stree  INJURY OCCURRED  e At Not At V  e deceased fram  (We) (did) (did not)  M.D.	20A. AUTOPS  .g., in or obout 21C. W. t. office bldg., INJURY  21F. HC  While 21F. HC  While 32F. HC  While 32F. HC  While 32F. HC  While 32F. HC  21F. HC  21F. HC  21F. HC  21F. HC  While 32F. HC  21F. HC  21F. HC  21F. HC  21F. HC  21F. HC  21F. HC	HERE DID OCCUR?  W DID INJU  and the fter death.	IN CERTIFYING  (If in Bol  RY OCCUR?  Language to the control of t	timore City,	give exect locoli
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT OF THE DEATH B DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical)  21D. TIME (Month) CAPPROX.)  22. I certify that (1) that (1) (we) last sav and haur and from the	DITIONS, il o cause (A) ITION lost.  II CONDITIONS COMUT NOT RELATION CAUSING IT ON LOST CONTROL CAUSING IT ON LOST CONTROL CAUSE OF exominer)  (Doy) (Year)  (this haspital) w the deceased the causes state	ONYRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTION FOR WORMED  21 B. home etc.)  (Hour)  21 E. Whill Work  attended the diverse an accordance of the contribution of the contribu	THICH OPERATION  PLACE OF INJURY (e., form, foctory, stree  INJURY OCCURRED  e A1  Not A1 V  e deceased fram  (We) (did) (did not)  (We) (did) (did not)	20A. AUTOPS  .g., in or obout 21C. W. t. office bldg., INJURY  21F. HC  While 21F. HC  While 32F. HC  While 32F. HC  While 32F. HC  While 32F. HC  21F. HC  21F. HC  21F. HC  21F. HC  While 32F. HC  21F. HC  21F. HC  21F. HC  21F. HC  21F. HC  21F. HC	HERE DID OCCUR?  W DID INJU  and the fter death.	(If in Bol	timore City,	F DEATH? give exact location eath accurred
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT (TO THE DEATH B DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medicol 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) that (I) (we) last save and haur and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, REMOVAL (Specify)	DITIONS, il o couse (A) ITION lost.  II CONDITIONS COUNT NOT RELATION CAUSING IT ON 198. CONE WAS PERFO  UNDERLYING CAUSE OF exominer)  (this haspital)  w the deceased be chuses state  248. DATE  12/10/	ONTRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTING	THICH OPERATION  PLACE OF INJURY (e., form, foctory, stree  INJURY OCCURRED  e A1	20A. AUTOPS  .g., in or obout 21C. W. t, office bldg., INJURY  21F. HC  While 21F. HC  While 32F. HC  While 32F. HC  Attending NP  Phys. 23D. ADDRESS  A.D. 933	HERE DID OCCUR?  W DID INJU  and the fer death.  Ved. irector	IN CERTIFYING  (If in Bol  RY OCCUR?  It in(my) (aur)  Stoff Chys.   CATION	timore City,  aplnian d  238. C	give exoct locohi
MEDICAL CERTIFICATION	DISEASES OR CON rise to the obave UNDERLYING COND  OTHER SIGNIFICANT ( TO THE DEATH B DISEASE OR CONDITION  19A. DATE OF OPERATION OR CONTRIBUTING  DEATH (notify medicol  21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) that (I) (we) last sav and haur and fram th 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, REMOVAL (Specify)	DITIONS, il o couse (A) ITION lost.  II CONDITIONS COUNT NOT RELATION CAUSING IT ON 198. CONE WAS PERFO  UNDERLYING CAUSE OF exominer)  (this haspital)  w the deceased be chuses state  248. DATE  12/10/	ONYRIBUTING TED TO THE CONTRIBUTING TED TO THE CONTRIBUTION FOR WORMED  21 B. home etc.)  (Hour)  21 E. Whill Work  attended the diverse an accordance of the contribution of the contribu	THICH OPERATION  PLACE OF INJURY (e., form, foctory, stree  INJURY OCCURRED  e A1	20A. AUTOPS  .g., in or obout 21C. W. t, office bldg., INJURY  21F. HC  While 21F. HC  While 32F. HC  While 32F. HC  Attending NP  Phys. 23D. ADDRESS  A.D. 933	HERE DID OCCUR?  W DID INJU  and the fer death.  Ved. irector	IN CERTIFYING  (If in Bol  RY OCCUR?  It in(my) (aur)  Stoff Chys.   CATION	timore City,  aplnian d  238. C	eath accurred

Huns Servetine 40 anstrone So, San In

12/19/60 It thought to a lower Malebook 1206 W North less

5-322	BIRTH NO. BALTIMORE CITY HEAL MEDICAL EXAMINER'S CE	TH DEPARTMENT  ERTIFICATE OF DEATH Registered No.
	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
	1. NAME OF DECEASED	12-6-66 7:21 A.
	DELORES STOKES  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admission)
	STATE OF THE STATE	A. STATE  B. COUNTY  Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	c. CITY OR TOWN (If autside carparate limits write RURAL and spive township)  Baltimore
	06 1111 N. Central Avenue	D. STREET ADDRESS (If roral, give locoffolk)  1111 N. Centr al Avenue 21202
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married	B. DATE OF BIRTH  9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.  11/26/30  36
	dane during most of working life, even if retired)	Maryland U S A
	Thaddus White	Viola
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknown) (If yes, give war or dotes of service) SECURITY NO.	MRs Inesia Stewart 1313 Valley St
	Chis does not mean the mode of dying, e.g., here to the course of dying, e.g., injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  COLUMN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	c stenosis and regurgitation
	DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in ar about 21C. WHERE DID (If in Baltimore City, give exact locotian) Iffice bldg, INJURY OCCUR?
	m. WORK LAT W	WHILE 21F. HOW DID INJURY OCCUR?
	22.	e Homicide Undetermined monner C
	SIGNATURE ## WERNER U. SPITZ M.D.	ASSOCIATE MEDICAL EXAMINER 12-6-66
	23A. BURIAL CREMATION, PREMOVAL (Specify)  Burial  12/12/66  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	emetry Baltimore Md
	DEC 13 1966 Robert E. Falleyma VS 151-REV. 1/1/65	tall har Welst and 1206 W North Ma



248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

Adoplhus Halstead 1206 W North Ave

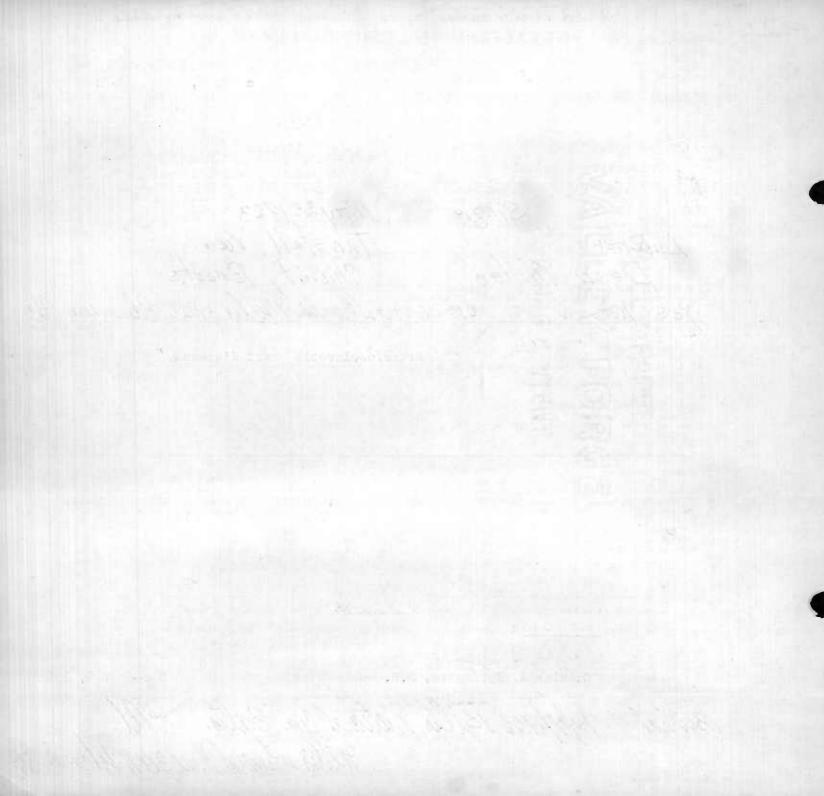
ADDRESS

24A. DATE REC'D. BY. HEALTH DEPT.

VS 151-REV. 3/1/65

Mr. Manual Assistant 1939 Co. trig

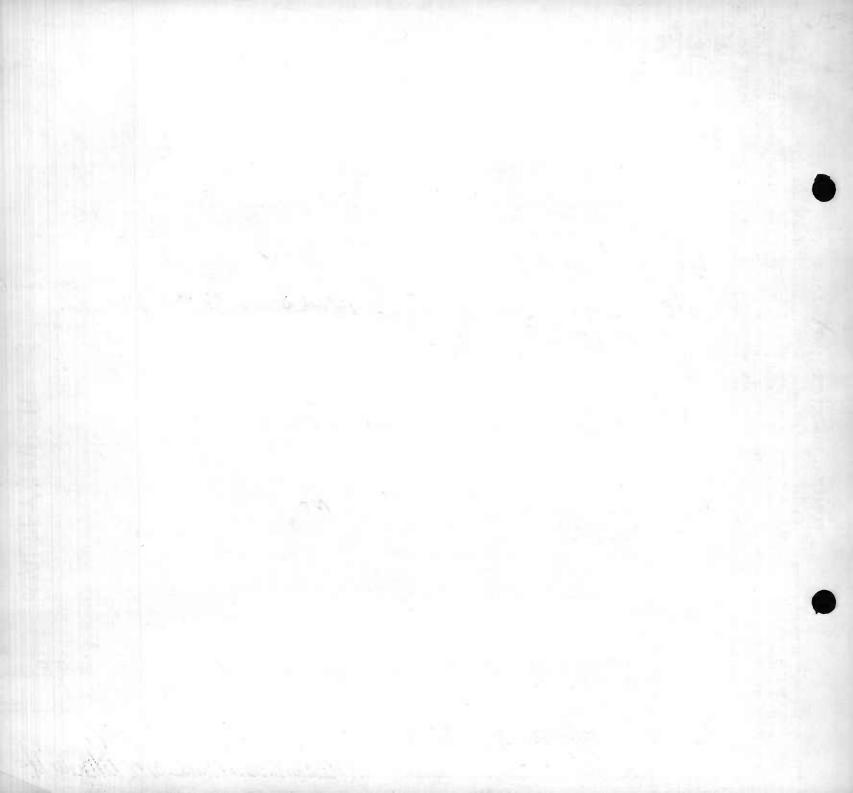
1. NAME OF DECEASED (Type or Print) DEAN J. MILLER	2. DATE AND HOUR PRONOUNCED DEAL December 9, 1966	8:58 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  Maryland  Maryland	sidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL Baltimore	ond give township)
University Hospital (DOA)	D. STREET ADDRESS (If rurol, give locotion) 426 N. Fremont Street	4
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) Month	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
Male Negro  10A, USUAL OCCUPATION (Give kind of work 108, KIND OF USINESS OR INDUSTRY done during most of working life, even if relired)		IZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	Chamity Brooks ADDRE	SS
YES Kongan 212-26-2727	Ahomas Miller 3422 Edn	ronalson alx.
DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthemio, etc. If means the disease, injury or complication which coused death,	iosclerotic heart disease	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS	CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF I	DEATH?
UTING CAUSE OF DEATH.    Output	ffice bldg. INJURY OCCUR?	TO CONTONIA
OF INJURY (APPROX.)  (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  WHILE AT WORK AT W	21F, HOW DID INJURY OCCUR?	
22. I certify that I held an Inquiry Inspection Aut	opsy XX and that an this basis, death in my apini	an
resulted fram: Natural causes X Accident Suicide	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Charles S. Springate, M.D. EXAMINER'S Charles S. Springate, M.D.	ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER Decem	ber 9, 1966
NAME (Type)  23A. BURIAL CREMATION, 23B. DATE, 23C. NAME of COMETERY P		
BULLE Specify 12/4/1966 BULL 9/40	traval Com, Ballo. SIL	ADDRESS
DEC 13 1966 P. Cat & F. P. 1988	William of men of Ames 2000	1 la home also Por
DEC TO 1900 ABOON -	VICULATIVE JURILLIUC TOURILLE SOLY TI	panococy M



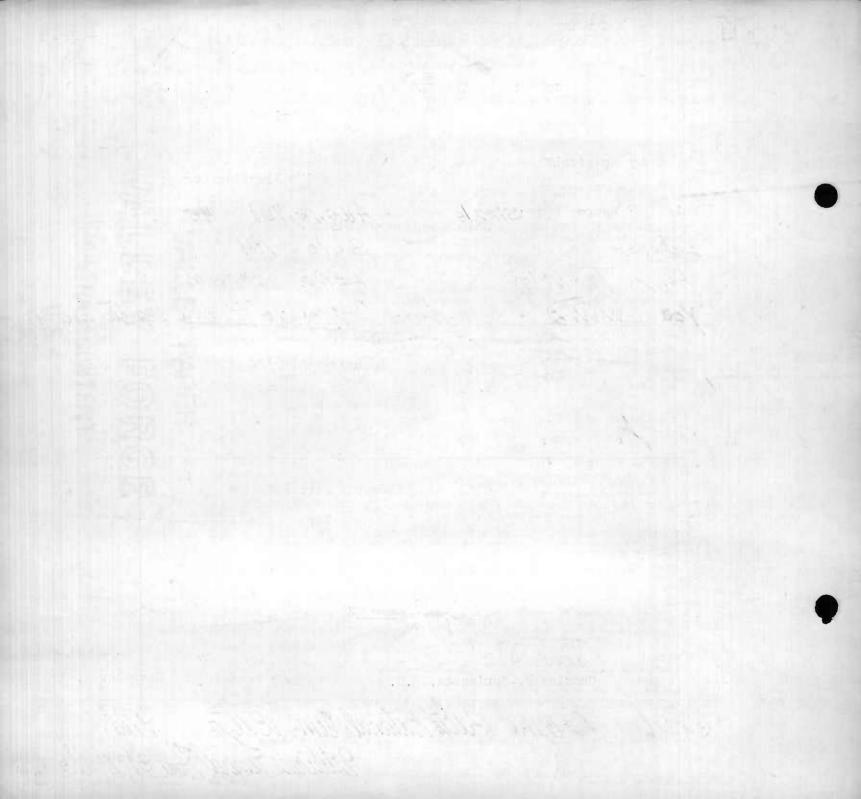
eceased written

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT (If outside city limits, write RURAL ond give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 6.0...and that in(my) (aur) apinian death occurred an the date (Stote)

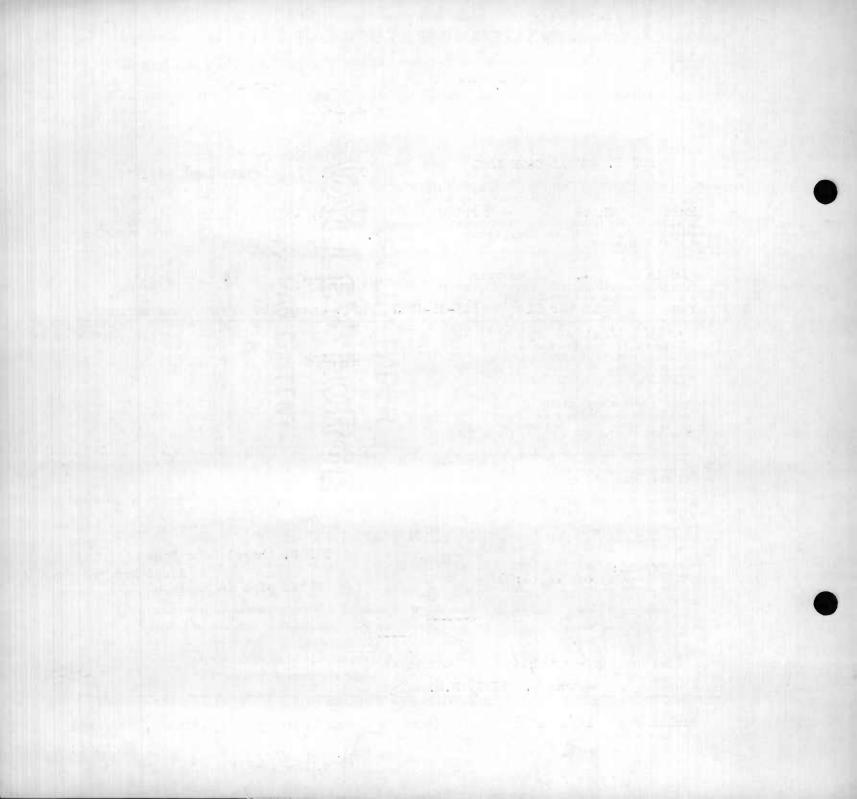


BIRTH NO. MEDICAL EXAMINER'S CI							
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD						
GEORGE TOWNS LEY  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	December 9, 1966 4:45 AM M.  14. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE Maryland B. COUNTY						
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
> Mercy Hospital	Baltimore  D. STREET ADDRESS (If rurol, give locotion)						
0/	620 Sterling Street Stirling						
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  Months, Doys, Hours, Min.						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND & BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHERACE (Mote or foreign country)  12. CITIZEN OF WHAT COUNTRY?						
COOPEN  13. FATHER'S NAME	Boot to						
Harry Towns later	LAND BYOUN						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or unknown (if yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS						
YOS W.W. 2 212-16-6410	Carmenine Brown 620 Sterling St.						
00/1	OF DEATH INTERVAL SETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	Intracerebellar hemorrhage						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
DISEASE OR CONDITION CAUSING IT.	nec's cirrhosis						
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OUNDERLYING OR CONTRIB- home, form, factory, street, o	in or about 21C. WHERE DID (If in Boltimore City, give exact location) (fice bldg,,INJURY OCCUR?						
UTING CAUSE OF DEATH.							
OF INJURY (APPROX.) WHILE AT NOT	21F. HOW DID INJURY OCCUR?						
22. I certify that I held an Inquiry Inspection Autopsy and that on this bosis, deoth in my opinion							
resulted from: Notural couses X Accident Suicide	Homicide Undetermined monner						
711 1 0 0.	CHIEF MEDICAL EXAMINER DATE SIGNED						
ACTUAL Charle S. La Fall M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X						
ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D.	ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  December 9, 1966						
ACTUAL SIGNATURE Charles S. Springate, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER December 9, 1966						
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  23A. BURIAL CREMATION, 23B. DATE  23C. NAME OF CEMETERY OF CE	ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  December 9, 1966  CREMATORY  23D. LOCATION  (City, town, or county)  (Stote)						
ACTUAL SIGNATURE Charles S. Springate, M.D.  EXAMINER'S Charles S. Springate, M.D.  23A. BURIAL CREMATION, REMOVAL ISpecify BURIAL SPECIFICATION AND AND AND AND AND AND AND AND AND AN	ASSISTANT MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER December 9, 1966  CREMATORY  23D. LOCATION  (City, town, or county)  (Stote)						



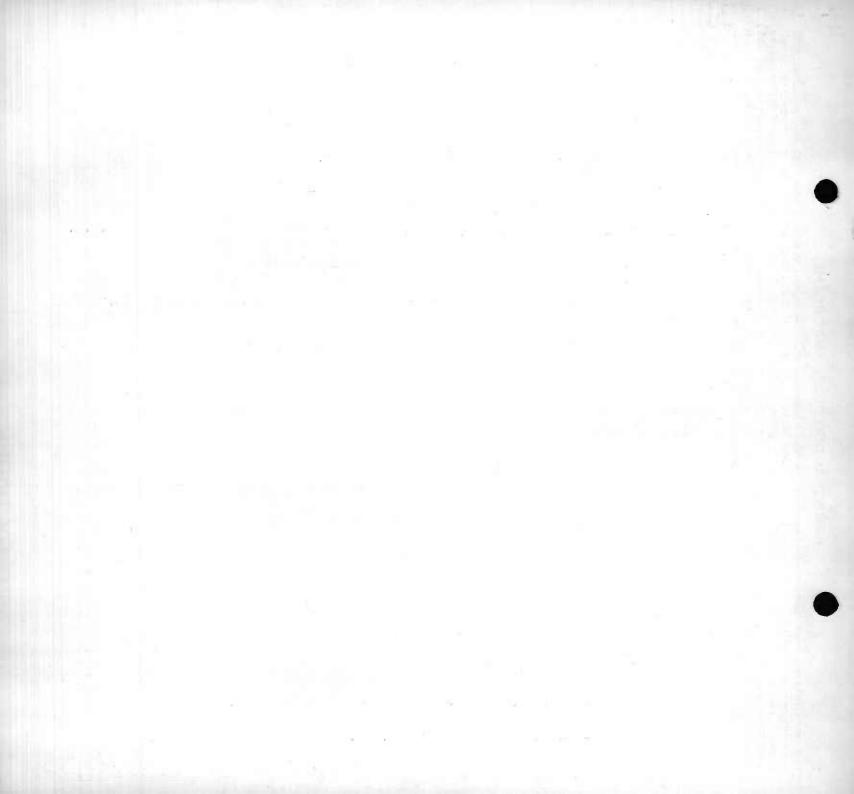
## 2-51 66 12439 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.66 12439

MEDICAL EXAMINER'S CERTIFICATE OF DE	A III wegistered No.22	-101
M.E. CASE NO.		
(Type or Print)	OUR PRONOUNCED DEAD	
JACOB S. ZIMMERMAN 12-12-		M.
A. STATE Maryland	eosed lived. If institution: residence before as B. COUNTY	,
HOSPITAL OR ADDRESS OR LOCATION)  ADDRESS OR LOCATION  Baltimore	rparate limits, write RURAL and give townsh	p)
505 N. CHAPEL GATE LANE  D. STREET ADDRESS (If rorol, give 505 N. Chapel Gate 1)		1
		24 Hrs
Male White Married May 21, 1925	9. AGE (In years lost birthday)  41  If Under 1 Yr. If Under Manths, Doys Haurs	Min.
one during most of working life, even if relired) is trict Manager  North Carolin	WHAT COUNTRY?	
3. FATHER'S NAME		
	J. Engle	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (s. na ar unknown), (If yes, give war ar dotes of service) SECURITY NO.	ADDRESS	
Yes World War II 215-28-2057 Mrs. Joann Zimme:	rman same address	
18. CAUSE OF DEATH	INTERVAL BE	
DISEASE OR CONDITION DIRECTLY	ONSET AND	DEATH
LEADING TO DEATH (A) Hanging		
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)		
ANTECEDENT · CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. AUTOPSY? (Yes of No.) 20B. WAS PERFORMED		
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes at No) 20B.	. IF YES, WERE FINDINGS CONSIDERED	
WAS PERFORMED	CERTIFYING CAUSES OF DEATH?	
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in hame, farm, factory, street, office bldg., INJURY OCCUR?  UNDERLYING CAUSE OF DEATH.  100  100  101  100  100  100  100  1	Baltimare City, give exact location)	
UTING CAUSE OF DEATH. Home 505 No Chape	el Gate Lane	
21D TIMEFOURS (h) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJURY	Found hanging fr in basement of home	om 4
22.	osis, deoth in my opinion	
	etermined monner	
CHIEF MEDICAL EXAM		
ACTUAL / LUDIAL / ASSISTANT MEDICAL EVAN		NED
STORATORE TO	The same of the sa	66
EXAMINER'S WERNER U. SPITZ M.D. ASSOCIATE MEDICAL EXAM	12-12-	
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCA	ATION (City, tawn, or county)	00
		tote)
EMOVAL (Specify)	Baltimore Marriand	
Burial 12/15/1966 Baltimore National Cemetery  44. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR	Baltimore, Maryland	
Burial 12/15/1966 Baltimore National Cemetery		



VS 150-REV. 1/1/65 4 4

73	66 1244	$\cap$	BALTIMORE CITY	HEALTH DEPARTMENT		66 12440
BIRTH NO.	00 1247	U	CERTIFICA	TE OF DEATH	Registered Na	00 12440
NAME OF DE	CEASED // /		(1 1	2. DATE ANI	D HOUR OF DEATH	
Type or Print)	Kittre	dge,	Theodor		9-66	13:55 P.
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		titutian: residence before admissiar
FULL NAME			give street	MARYLAND		
HOSPITAL OF	BALT IMORE CI		TTALS		side city limits, write RU	JPAL and give tawnship)
21	4940 EASTERN		TIME	BALT IMORE  D. STREET ADDRESS (III r	ural, give lacation)	0 4
01	BALTIMORE, M		21224	14 E. MOUNT V		#21202
. S EX	6. RACE		NEVER MARRIED		AGE (In years	
MALE	WHITE	WIDOWE	R LED (specify)	10-26-05	ast birthday)	Manths Days Hours Min.
		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn cauntry)	12, CITIZEN OF WHAT COUNTRY?
Bethlem	of warking life, even if retired)	Sine	rvisor	MARYLAND		U.S.A.
3. FATHER'S NA		Dape	1 11301	14. MOTHER'S MAIDEN NAM	A E	
Edward	Kittredge			Virginia Rhodes		
5. Was Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	wn) (If yes, give war ar date	s of service)	212-03-5735	RECORDS: BCH	AGAO EASTER	N AVE #21224
No	None		CAUSE O		H/HO ZMOIZH	INTERVAL BETWEEN
00	ASE OR CONDITION DI	RECTLY		1	1/	ONSET AND DEATH
	LEADING TO DEATH		(A)	uHide CVA	S	10 4Rars.
heart failure	nal mean the mode of e, asthenio, etc. It meons amplication which caused	the disease,	DUE TO		ара марима и и прав В.И. грар и <u>О</u> и и и и и и и и О У, ффф В О О О О О	
	ANTECEDENT CAUSES		(B)			
DISEASES	OR CONDITIONS, if	any, giving	DUE TO			
	the above cause (A)	sloling the	(C)	000,00000000000000000000000000000000000		
ONDEREIN	11					
TO THE	MIFICANT CONDITIONS CODEATH BUT NOT RELATED FOR CONDITION CAUSING	ATED TO TH				
	OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	YES	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
, OR CONTRI	DENT WAS UNDERLYING BUTING CAUSE OF	21 B. ham etc.	ne, faim, factory, sticet, af	or about 21C. WHERE DID injury OCCUR?	(If in Boltimare	City, give exact lacation)
21 D. TIME	(Manth) (Day) (Yeai)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		Whi	ile At Nat While			
22. I certif	fy that (I) (this hospita			12-5	9 66 ta	12-9 1966
	e) last saw the decease		12-9	1-6		ian death accurred an the da
and have a	and from the causes sta	ted abave. (I	l) ( <del>We)</del> (did) <del>(did ne</del> t) v	iew the bady after death.		
23A. SIGNA		Mishon	1 ' /		Staff Phys.	12-9-66
23 C. PHYSIC	TANS	· por jaco		23D. ADDRESS	,	
NAME	DR. DAVI	D J. MT	SHELEVICH M.D.	4940 EASTERN	VENUE #212	21.
4A. BURIAL CI	REMATION, 248. DATE		AME of CEMETERY of CRE		OCATION (City	r, tawn, as countyl (State)
Buria		1966 1	Moreland Mem.	Pk. Cemeterr	Raltimoma M	amrland
SA. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR	Baltimore, M	ADDRESS /
	4 0 4000		0 7 0	W/mot Tuch	201 L8 n.	multo, misa.
1	DETA TO THE SELECT	11 /3 /	1 23 - 11 - 63 19	FY TIPE TURE	w while	FV VIA



T	0		66 12441		BALTIMORE CITY	HEALTH DEPARTMEN	Т	66 12441
5			H NO.		CERTIFICA	TE OF DEATH	Registered No.	
Such		1. N	AME OF DECEASED		, F	2. DATI	AND HOUR OF DEATH	- 1
S		(Тур	or Print) Michael	G	Lohnin	ann 12	18/66	111:35 H M
dearn.		3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		7	4. USUAL RESIDENCE (	Where deceased lived. If i	institution: residence before admission)
			ULL NAME OF (If not in hospital or institu	ution sive	t tra of	Md.	, , , , , , , , , , , , , , , , , , ,	
		- h	NSTITUTION	ution, give	street	1 1	If outside city limits, write	RURAL and give township)
1	Z.	8	NSITUTION			Bo 14;	move.	9-03
7	ľ	P	laryland General	1100	- n. tal	D. STREET ADDRESS	(If rural, give location)	An
•	ľ		ar grand conerar	7705	prisci	603 €	. 378h	De.
BaE	l	5. S			ER MARRIED /ORCED (specify)	B. DATE G. BIRTH	9. AGE (In years lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IS ma				0;00		11/16/82	2 84	
-	i		USUAL OCCUPATION (Give kind of work 10 B. KIN	ND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
0	-	uone		o moi o l	Printing	Md.		WHAT COUNTER
S		13.	FATHERS NAME	icicial	rithmung	14. MOTHER'S MAIDEN	NAME	(1-0)4.
Ispasifion	ŀ		E. Michael Lo,	1	0 4 5	Louise	Sidme	1200
0	l	15 1	Was Deceosed Ever in U. S. Armed Forces?		SOCIAL	17. INFORMANT	2101046	ADDRESS
0	ľ	(Yes	,no or unknown) (If yes, give w		SECURITY NO			ADDRESS
tina			No None	465		Mr. Arthur Le	ohrman same	address
0			1B. / / / X I		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
D			DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		M.	( .	cn +	4
H			(This does not mean the made of dying,	e.q.,	DUE TO	lignand	y of Prosto	ite un known
00			heal failure, asthenia, etc. Il means the dis injury ar camplication which caused death.)	ease,		54, 500	Led	
Ε	ľ	Н	ANTECEDENT CAUSES		(B)			
0	1		DISEASES OR CONDITIONS, if ony,		DUE TO		# # # # # # # # # # # # # # # # # # #	
0	ı		rise la lhe abave cause (A) sloting		(C)			
ins			UNDERLYING CONDITION last.					
mains	ľ	z	OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING				
re	l	110	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	O THE				
Ф		ICA	19A. DATE OF OPERATION 19B. CONDITION		H OPERATION	20A. AUTOPSY? (Yes o	r No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
e th	ı	RTIF	WAS PERFORMED		na n		IN CERTIFYING CA	AUSES OF DEATH?
betare		CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DI	D (If in Boltimo	re City, give exact location)
pe		CAL	DEATH (notify medical examiner)	etc.)	mi, lociory, sireer, or	fice bidg., INJURY OCCU		
7	l	1000	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJU	JRY OCCURRED	21F. HOW DID	INJURY OCCUR?	The second second second
dine		2	OF INJURY (APPROX.)	While At	NoT While			
bta	ľ	н	22. I certify that 烨(this hospital) atten			17/5	19 6610	12/8 1966
0	ŀ				(2/8	10 666	,	
Ď	ŀ		that (we) last saw the deceased alive		1-0-1			inian death accurred an the date
UST			and haur and from the causes stated aba 23A. SIGNATURE	ve. (1)-(m	S (did) ( <del>did not)</del> v	iew the bady after dea	oth.	loop DATE SIGNED
3			0 0	(d.	M.D. Atte	nding Med.	Staff -	23B. DATE SIGNED
8	I		Bornard du	de		Director L	Phy s.	12/8/06
ō.			NAME (Type)	7		23D. ADDRESS	06.1	dia c
approv			Dernard du	Du	/ M.D.	Mary land	g Jen.	403p.
		24A	BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME	CEMETERY OF CRE	MATORY / 24	D. LOCATION (C	City, town, or county) (State)
Written			Burial 12/12/1966	Loude	on Park Cem	etery	Baltimore, M	aryland
=		25A	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF RE	Share .	25C. FUNERAL DIREC		A JADDRESS
3			DEC 7 0 1200 1000	:25 6	" Soll HAN	Wm. 1 Vice	men & Sons	with IPa.
		10	I EA DEN/ 1/1/4 E					

state of to

Was

BLETH NO.

M.E. CASE NO. I. NAME OF DECEASED

FULL NAME OF HOSPITAL OR

24A. BURIAL CREMATION.

Burial

VS 150-REV. 1/1/65

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

12/13/1966

INSTITUTION

John

(Type or Print)

the

LO

deat attendance

BALTIMORE CITY HEALTH DEPARTMENT 66 12442 Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH Milne December 10, 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY Maryland (If not in hospital ar institution, give street oddress or locotion) C. CITY OR TOWAL (If outside city limits, write RURAL and give (wanship) Baltimore D. STREET ADDE S (If rural, give location) 2211 W. Rogers Ave. 21209 21209 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. lost birthdoy Hours Widowed March 30, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Liverpool, England U. S. A. 14. MOTHER'S MAIDEN NAME Davidson Margaret 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 220-44-6870 T The Wesley Home, Inc. 2211 W. Rogers Ave.

24D. LOCATION

25C. FUNERAL DIRECTOR

Baltimore.

(City, town, or county)

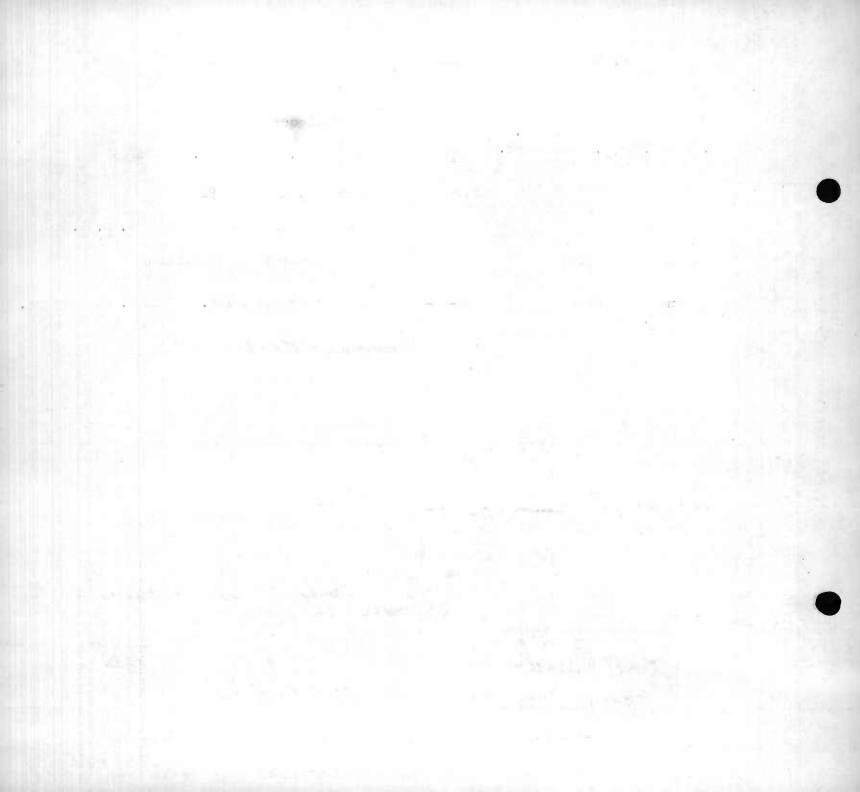
Maryland

## Wesley Home, Inc. 2211 W. Rogers Ave. Baltimore, Maryland 5. SEX Male White 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of warking life, even if retired) None 13. FATHER'S NAME Milne John 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) None None INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the diseose, injuly of complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED CERTIF Carcinoma 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING \_\_ CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 27C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) 21 D. TIME (Hour) 21E. INJURY OCCURRED (Month) (Day) (Year) 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Wark 22. I certify that (1) (this haspital) attended the deceased from 10 xcmela 49 66 that (1) (we) last saw the deceased alive on..... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death. 23A. SIGNATUK 238. DATE SIGNED Attending M.D. Med. Stoff Director X Phys. our 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

24C. NAME OF CEMETERY OF CREMATORY

258. NAME OF REGISTRAR

Loudon Park Cemetery



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

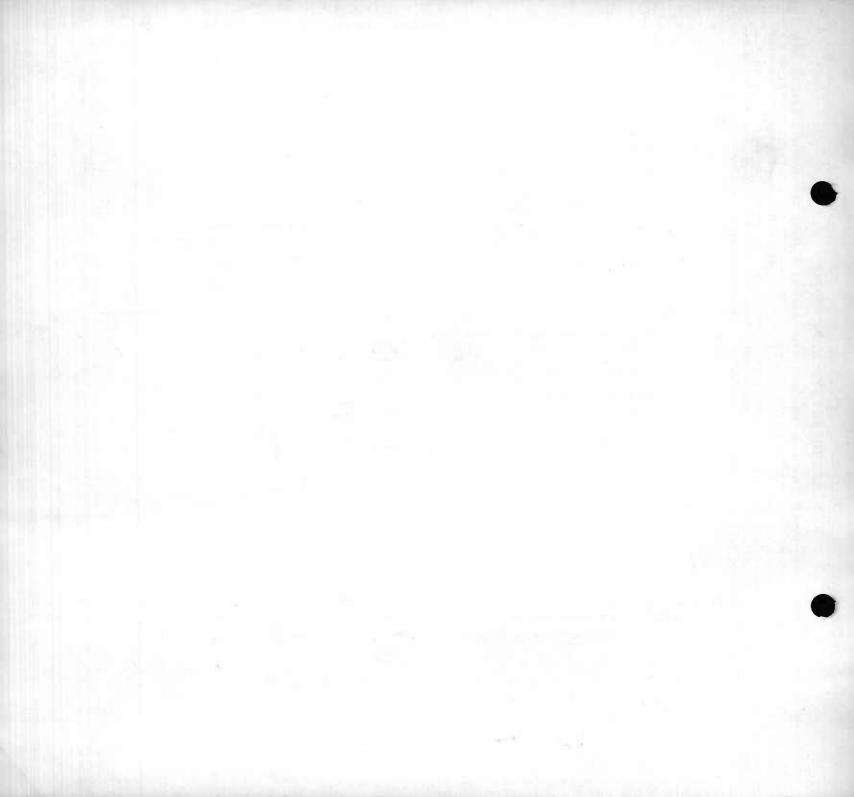
The state of the s	TY HEALTH DEPARTMENT		
BIRTH NO. 66 12443 CERTIFIC	ATE OF DEATH	Registered Na.	12413
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  KAHN, TEROME William		HOUR OF DEATH	1,25 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institution; res	idence before odmission
FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location) INSTITUTION	140.	do city limits, write RURAL and	give lownship)
2.1	BALTIMOR		-01
42 SINAI HOSP,	901 LAKE	N	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		AGE (In years st birthdoy)  78	Yr. If Under 24 Hrs Pays Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired) Artist Supply	RY 11. BIRTHPLACE (State or foreig		N OF COUNTRY?
Retired - Consulant K & E	MA.		1.8
13. FATHERS NAME	14. MOTHERS MAIDEN NAM	E	
William Kahn	Clara	Schoolhouse	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	-	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	HOSP, CHA	n -	
18. 7 2 / VI	OF DEATH		TERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0	NSET AND DEATH
LEADING TO DEATH	EREBRO PASCU	LAK ACCIDENT	- 30 DAY
(This does not mean the made of dying, e.g., DUE TO			
hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death.)			
ANTECEDENT CAUSES (B) G.C.	NERALIZED ATT	ELOSCLEROSIS	
DISEASES OR CONDITIONS, if any, giving			
rise to the above cause (A) stating the (C)			
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ASC	ECHE		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ASC DISEASE OR CONDITION CAUSING IT.  1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS OF IN CERTIFYING CAUSES OF DE	ONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	(If in Boltimore City, give	exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Work	hile	RY OCCUR?	
22. I certify that (1) This haspital Dattended the deceased from		6610 12-	19.61
that (1) (we) last saw the deceased alive an 12-11	/ /	in(my) (aur) apinian death	
and haur and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE		23B, DATE	
I dem Acherche	hys. Med. Director P	toff hys.	-11-66
PLV, N SCHACHTER M.I	23D. ADDRESS D. SINAI /	6SP	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		CATION (City, town, or	county) (State)
Burial 12/13/1966 Hebrew Friends	nip Cemeterv Ba	ltimore, Maryland	i
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	4	ADDRESS
DEC 13 1966 P. L. B. & Jacky Ha	Wm 1 Tak	ne Alan "	Tallo, mg
VC 150 BCV 1/1/46		- g-eyrag	DVL Id



VS 150-REV. 1/1/65

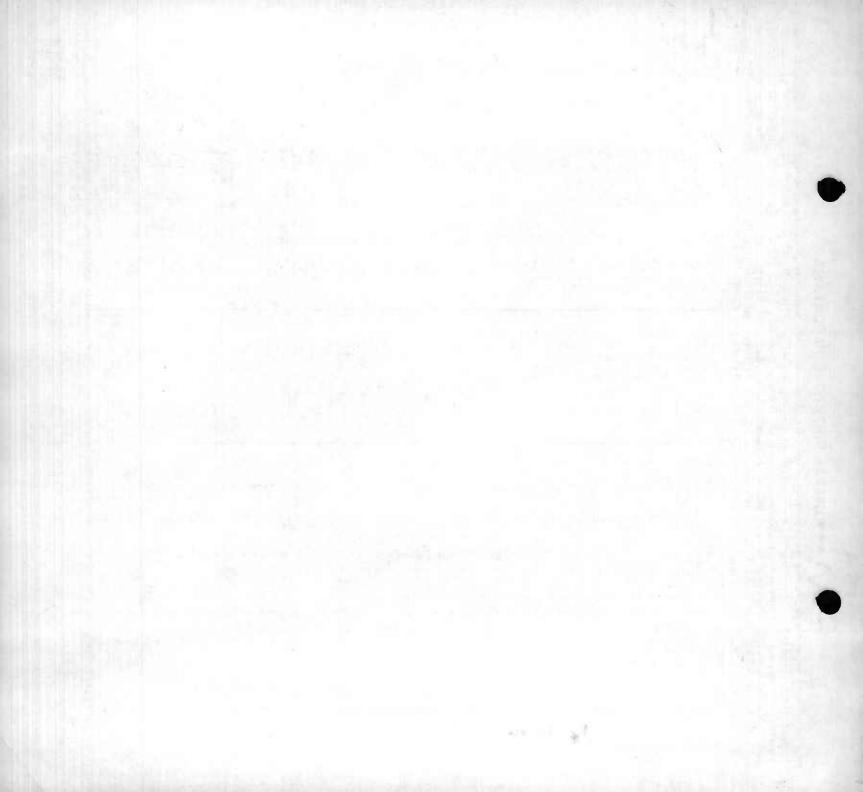
CO

Dallingto The Characastel Gooding 3626 W Calvate 66 18/81/2 Maristre FANTAGE MAY. Brown William, Town to Mark Carolin USA. I Ames P. Potent Emily Misse Brewel Harder C. Docoline Common Det Stower Explinite His Curyet Court Faction 11-17-66 Westerlicher allerin 2 Dec To Devel

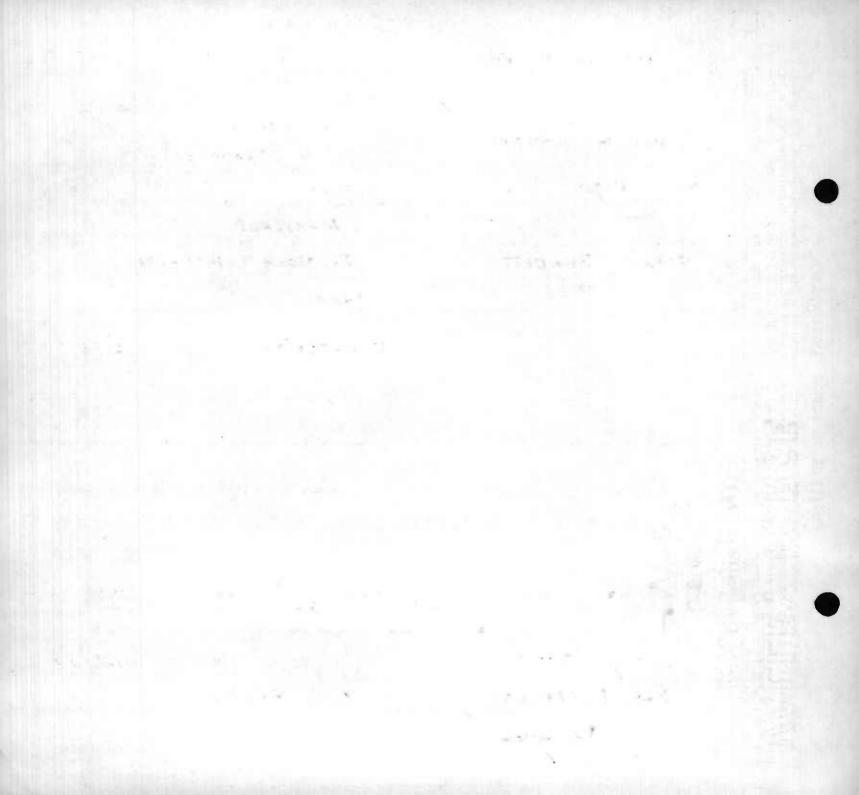


Registered No. CERTIFICATE OF DEATH Such Deceased of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) HO write RURAL and give township) If Under 1 Yr. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 238. DATE SIGNED eceased written Was 25A. DATE REC'D BT 25C. FUNERAL DIRECTOR ADDRESS HEALTH DEPT 25B. NAME OF REGISTRAR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

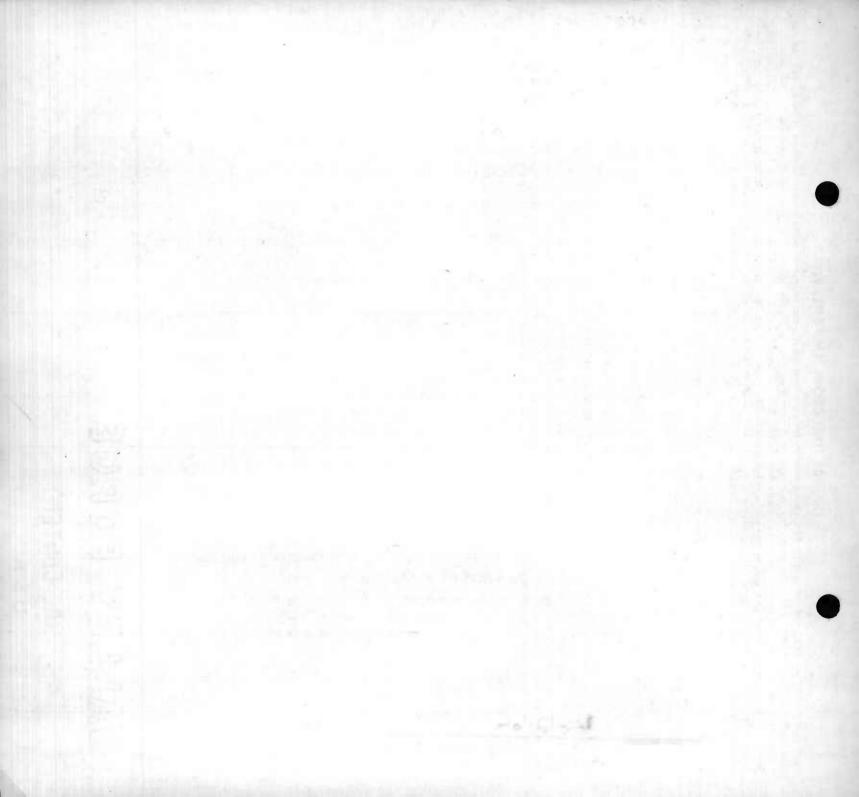


BIRTH NO.	2821766 1244	CF	ERTIFICA			Registered	Na. 6	6 12447
M.E. CASE NO		CL	-KIIIIC/	TL OI		AND HOUR OF DE		
	BARY Boy YU	cFadden			111	29/66		1950 A
	DEATH IN BALTIMORE, MA			4. USUAL A. STATE	RESIDENCE (V	hore deceased lived.	If institution	rosidence before admissi
FULL NAM HOSPITAL CINSTITUTION	OR oddress or location			C. CITY O	R TOWN (IF	outside city limits, w	0	02
2 8000	10: 41 1103	111/00		314	No So	HROEDET	e ST	
5. SEX	Negro	7. MARRIED, NEVER M WIDOWED, DIVORO	ED (specify)	11/29/4	F BIRTH	9. AGE (In years last birthday)	If Un	der 1 Yr. If Under 24 Hours Min.
	CCUPATION (Give kind of work	10B. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPI	LACE (State or I	oreign country)		TIZEN OF
tone doning mos	of white the part of the tented			. n.	HRYLA	ND.		USA
3. FATHER'S					ER'S MAIDEN		1	
GER	PALD BENK	ETT		THE	ECDORA	MeF	HDDE	J
5. Was Decea Yes, no or unkno	sed Ever in U. S. Armod Fare		AL RITY NO.	17. INFORM	ANT			ADDRESS
		3200		CHA	RT			
18.	76 XI	.1	CAUSE C	F DEATH				INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIR	ECTLY						
(This doe	s nat mean the made of	dying, e.g.,	(A) T	MMA	TURITY			LIFE - 43
heart failu	re, asthenio, etc. II means complication which coused	the disease,						
	ANTECEDENT CAUSES		(B)		*******	2000 2000 000 000 000 000 000 000 000 0		m 440 60m m m 6m 0m 00 m mal 00 000 000 00 00 7444 647 00 00
DISEASES	OR CONDITIONS, if	any, giving	DUE TO					
rise to	the abave cause (A)		(C)					
ONDERET								
E TO THE	II  GNIFICANT CONDITIONS C  DEATH BUT NOT RELA  OR CONDITION CAUSING I	TED TO THE						
	OF OPERATION 198. CON WAS PERF	DITION FOR WHICH OF	PERATION	20 A. AU	TOPSY? (Yes or	No. 20B. IF YES, W	CAUSES O	S CONSIDERED F DEATH?
OR CONTI	DENT WAS UNDERLYING RIBUTING CAUSE OF Diffy medical examiner)	21 B. PLACE Of hame, form, force,)	F INJURY (o.g., i octory, street, a	n ar about 21 ffico bldg., IN	C. WHERE DID	(If in Bott	timore City, (	give exact location)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, INJURY	CCURRED	21	F. HOW DID	INJURY OCCUR?		
(APPROX)		While At Work	Not Whi At Work	e				
22. 1 cert	ify that (*) (this hospital					19 6 6 ta		11/29 19 66
	ve) last saw the decease		11/29	19	1 /			eath accurred on the d
and have	and from the causes stat	ed abave. ( (We) (di	Id) (dishipal)	view the bo				
23A. SIGN	ATURE 1						23 B. D	ATE SIGNED
72,	lary & the	ler	M.D. Att	onding	Med. Director	Stoff Phy s.	1	1/27/66
23C.PHYSI	CIANS DE (Type) ARY E , KEE	LER	M.D.	23D. ADDRE	ss Ho	SPITAL	o or	MARVIAUD
24A. BURIAL C	L (Specify)	24C. NAME of CE	METERY OF CR	EMATORY	UNIVE N	LOCATION	(City, town	, or county) (State)
25A. DATE REC	DEC 13 1966 OR	258. NAME OF REGISTR	Gentara	25C. FU	NERAL DIRECT	CARY SE	RVICE	ADDRESS
	/1/65			71	1120357			



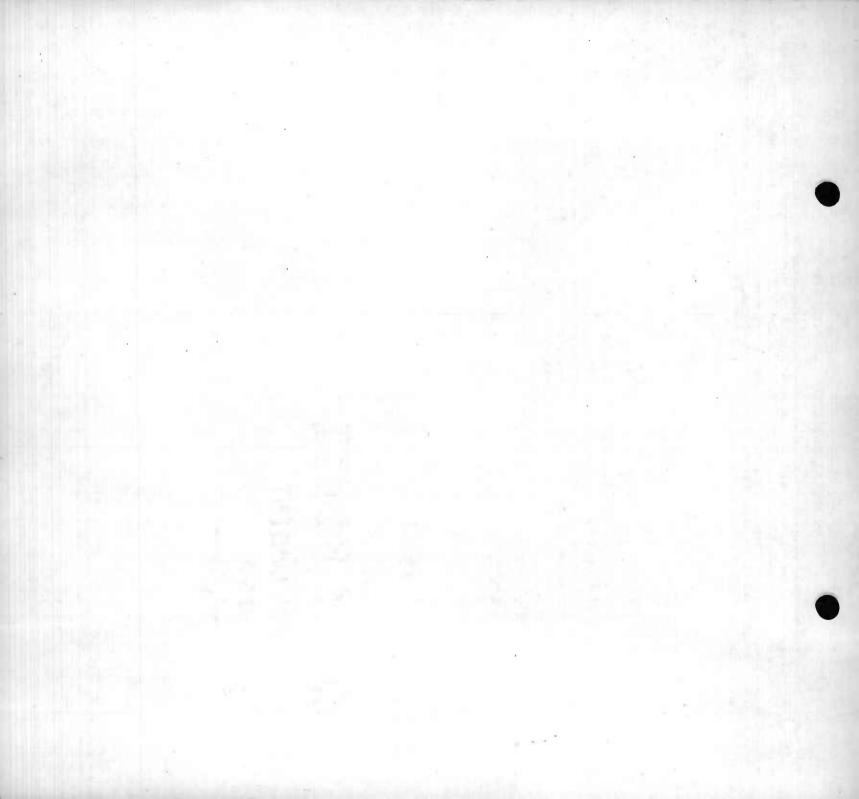
2	1_	0	1		- Company
4	and	sed	the	Suc F	1
	itol of de	Decec	uo e	th. s	
	hosp	(5)	dance	dea	
	in a	ause	Itten	or to	
	butin	ned	lar c	d pri	ade.
	occu	ermi	regu	eased	is m
	leoth or c	Indet	Is in	dec	ition
E	irect	(4)	h wa	n the	lispos
TAN	iston the d	kind;	deot	10 93	inalc
POR	is as	any	peou	ndan	l or f
Ξ	Also	o e s	nonc	atte	ulmec
FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death	fract	o pre	gular	embc
RECI	exal	3) A	w r	n re	are:
10 1	dical	rns; (	siciar	Was	nains
ERA	ef me	dy bu	phy	cian	Te rer
NO	e chi	Boc (	e the	hysic	ore th
-	by th	re; (2	wher	S	d bef
	boy	natu	cept	(9) P	oine
	oppro	fony	l (ex	); an	e obt
	t be	ento	spita	leath	ust b
	relec	accid	a ho	r to c	val m
	This certificate must be opproved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of ony nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced deoth was in regular attendance on the	prio	written approval must be obtoined before the remains are embalmed or final disposition is made.
	certi	WS: (1	D.0.	agsed	ten a
	This	shov	Was	dece	Writ

64	, 24956 66 12	DAAR	KE CITT HEALTH DEPARTMEN		No. 66 12448
M.E. CASE NO		CERTI	FICATE OF DEAT	H Registered	NO. UV 1/ Y 10
NAME OF D	ECEASED			TE AND HOUR OF DEA	ATH
Type of nint)	4 Bay Mal	lone	11/	19/66	12:30 A
PLACE OF	SEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE		If institution: residence before admission
F1111 NIA 144		1	A. 31A1E   0. V	2001411	
HOSPITAL O	R oddress or location	l or institution, give street	C. CITY OR TOWN	(If outside city limits, w	rite RURAs and give township)
INSTITUTION	Universi	ty Hosp	Ba/16 #	.30	1.0000
3 X	Din.	9	D. STREET ADDRESS	(If purol, give location)	
0			210171	. Tuelto	al Cours
- S EX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H Months; Doys Hours; Min.
m	N	WIDOWED, DIVORCED (spe	ecify) 11/20/11	lost birthday)	Months Doys Hours Min.
	CCUPATION (Give kind of wo	rk 108. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote of	or foreign country)	12, CITIZEN OF
	of working lite, even if retired)		40.		WHAT COUNTRY?
			Md.		
3. FATHER'S N	IAME		14. MOTHER'S MAIDEN		
,			Catherine	Malare	
	sed Ever in U. S. Armed Fo		17. INFORMANT	10.1011	ADDRESS
res, no or unkno	(If yes, give wor or do	les of service) SECURITY NO	).		
18,	2		AUSE OF DEATH		INTERVAL BETWEEN
/	161		OSE OF DEATH		ONSET AND DEATH
DIZE	ASE OR CONDITION DI LEADING TO DEATH		ince test		3 10,10
(This does	not mean the mode o	(A)	10 commaturely		2 days
	re, osthenia, etc. Il meon complication which couse				
111,017, 01 0	ANTECEDENT CAUSE				
DICEACEC		DUE	ТО		
	OR CONDITIONS, if the above couse (A)				
UNDERLY	NG CONDITION last.				
	DEATH BUT NOT REL				
DISEASE O	OR CONDITION CAUSING	IT.			
19A. DATE		NOTION FOR WHICH OPERATIO	N 20A. AUTOPSY? (Yes	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ex ()				V	
OR CONTR	DENT WAS UNDERLYING	home, form, foctory,	RY (e.g., in or about 21 C. WHERE D street, office bldg., INJURY OCCL		imore City, give exact location)
DEATH (no	tify medical examiner	etc.)			
OF INJURY	(Month) (Doy) (Year	(Hour) 21E, INJURY OCCUR	RED 21F. HOW DI	D INJURY OCCUR?	
(APPROX.)			Not While		
22 1	14 Alex (1) (et a least a			10 66.	11/19 30//
1		al) attended the deceased fro			
	ve) lost saw the deceas				apinion death accurred on the d
		ated above. ((Wa) (did) (did	view the bady after de	iath.	
23A. SIGNA		· . \			23B. DATE SIGNED
6	( ) fren	stein M	.D. Attending Med. Director	Stoff Phys.	4/19/68
23C. PHYSIC	CIAN'S		23D. ADDRESS	, ,	
MAMI	Typel Page 1 = 7	(a)	M.D.	PRIBLE	OF MARKET IN
24A. BURIAL C	REMATION 248, DATE	24C. NAME of CEMETER	1 27 4 70 0 3	4D. LOCATION	(City, lown, or county) (State)
	L (Specify)	2705	1 1 OK		CHI SCHOOL
<b>FEET</b>	150	1015866 /6	7 STONIA	SITY ALL	LAL DURUUL
5A. DATE REC					
	DE C 19 1000	25B. NAME OF REGISTRAR	25C. FUNERAL DIRE	I I IN S OF THE	ADDRESS
	DEC 13 1986	25B. NAME OF REGISTRAR	25C. FUNERAL DIRE	JARY SERV	VICE - BCRU



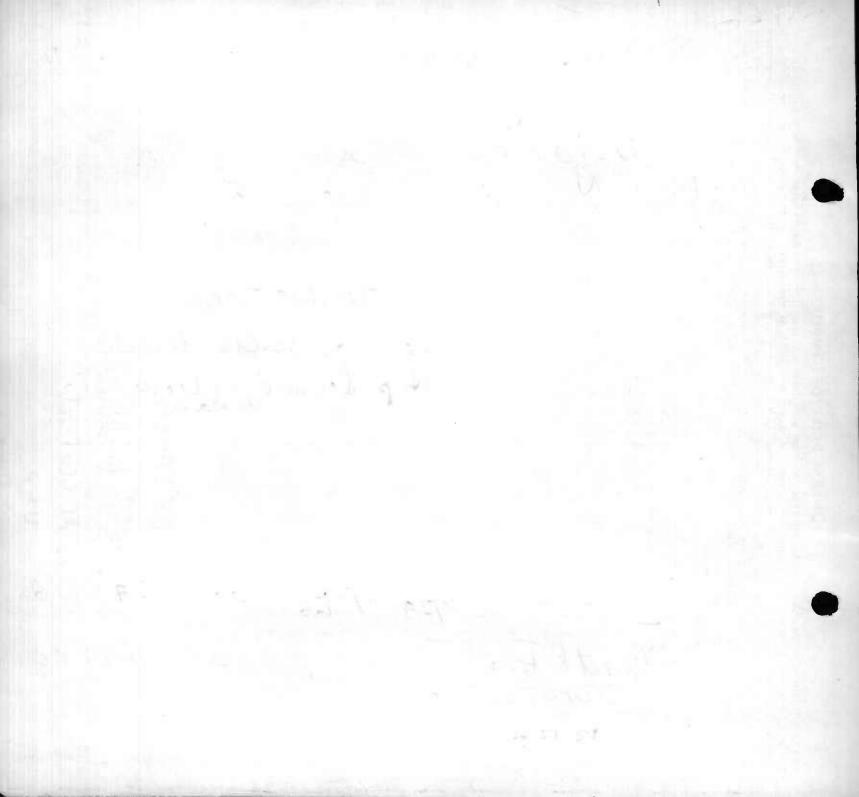
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospit the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death written approval must be obtained before the remains are embalmed or final disposition is made.
	a he e; (; nda ho d
	in ig and
	ctir ed ar pri de.
	trib min gul
	con con con reter
	Or O
<b>j</b> =-	rect (4) 1 w the
Z	nd; nd; eath
RT,	the the y ki
PO	o, ii fan nce end
3	Als Als nou att
FUNERAL DIRECTOR: IMPORTANT	ner ner. actu pro pro nlar
210	amimimimit A fred
RE	exe (3)/ in w in r
٥	dica cal ns; icia
M	medibur bur bur bur shys
Ä	a nody ody he sicie
5	by by 2) B tie
	ital ital vhe No No
	ature pt v (6)
	he he hay ny
	app to t of ar of ar (e);
	sed sed sent spit eat
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cawas D.O.A. at a hospital (except where the physician who pronounced death was in regular at deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.
	as reas at a tor
	W W (1) A (1) A d pr
	Vs: (Vs: (D.O
	rhis the shov was dece
	-+4/0/

21	66 12449	BALTIMORE CITY HEALTH DEPARTMENT				
7007	BIRTH NO. 4 6-24446	CERTIFICATE OF DEATH	Registered No. 00 12413			
of deatl of deatl Decease e on the	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND H				
de de con	Type or Print FISHER, BABY GIR	_	11/20/66 1 600 AM			
hospital ise of (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		ceased lived If institution; residence before admission)			
S	FULL NAME OF (If not in hospital or institution, give	A A -				
a ho cause se; (5 andan to de	HOSPITAL OR oddress or lacation) INSTITUTION		city limits, write BUBAL and give township)			
to to		BALTIMORE	14-00			
l in a ng cau cause; attend	UNIVERSITY HOSP.	D. STREET ADDRESS (If rurol,	give location)			
O L .	0101021031.7 17001	1427 OVG >	1427 AVGYLE AVENUE			
rributi nined gular ed pr	5. SEX 6. RACE 7. MARRIED, NE	VER MARRIED B. DATE OF BIRTH 9. A	GE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Haurs; Min.			
occurre ontribut ermined regular sased p		married 11/12/66	8			
	IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign c	auntry) 12. CITIZEN OF WHAT COUNTRY?			
or or ndet	I la frout	- MARYIAND	usiti			
D - D 0 0 0	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME				
÷ (4) × + + sp		BUDIET WE T	· · · · · · · · · · · · · · · · · · ·			
di di	15. Was Deceased Ever in U. S. Armed Farces?	SOCIAL 17. INFORMANT	ADDRESS			
the direction of the last the death nee on final d	(Yes, na ar unknown) (II yes, give war or dates of service)	SECURITY NO.				
9 7 612	NO	- CHART				
any any any nda	18. 776 XI	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
lso, i of an of an tended on ed on	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	IAI I MMATURITY	Pane			
	(This does not mean the mode of dying, e.g.,	DUE TO	O DAY			
miner or niner. A fracture o prono gular at	hearl failuse, osthenio, etc. Il meons the disease, injury or complication which caused death.)					
frac frac gul	ANTECEDENT CAUSES	(B)				
	DISEASES OR CONDITIONS, if any, giving	DUE TO				
l exan exan (3) A in wh in re	ise to the above couse (A) stating the	(C)				
7 7 5	UNDERLYING CONDITION last.					
dical dical rrns; rsicio was mair	Z					
medical burns; bysicia n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
me me dy by	DISEASE OR CONDITION CAUSING IT.  198. CONDITION FOR WHI	CH OPERATION   20A. AUTOPSY? (Yes or No.) 20	B. IF YES. WERE FINDINGS CONSIDERED			
chief medical y a medical Body burns; the physician was e the remain	194. DATE OF OPERATION 198. CONDITION FOR WHI	V IN	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?			
	O 21A. ACCIDENT WAS UNDERLYING 21B. PL. OR CONTRIBUTING CAUSE OF home,	CE OF INJURY (e.g., in ar about 21 C. WHERE DID arm, foctory, street, office bldg., INJURY OCCUR?	(If in Baltimare City, give exact location)			
	▼ DEATH (natily medical examiner) (etc.)	arm, toctary, street, office bldg., INJURT OCCUR?				
d × ke	O 21D. TIME (Month) (Doy) (Year) (Haur) 21E IN	URY OCCURRED 21F. HOW DID INJURY	OCCUR?			
os 100 100 100 100 100 100 100 100 100 10	OF INJURY  (APPROX.)  While					
the hospite ny nature; except wh and (6) No	AA GIK	☐ At Wark ☐				
	22. I certify that (I) (this hospital) attended the	1. 1	Co6.10 11/20 19.66			
of of old (h);	that (1) (we) last sow the deceased alive on	11/20/6 19 6 ond that is	n(my) (aur) opinion death occurred on the date			
97 + + +	and hour and from the causes stated above. (1)	(did) (did not) view the bady after death.				
deat deat deat	23A. SIGNATURE		23B. DATE SIGNED			
20.5 6 6	Mory Beth Keeler	M.D. Attending Med. Staff Phys. Director Phys	11/20/66-			
9 7 0	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
was An An prio	MARY BETH KEELER M.D. UNIVERSITY HOSPITAL					
certificat body was vs: (1) An D.O.A. at ased pric	TIANY DELA MEETER	of CEMETERY of CREMATORY	TION (City, fown, or county) (State)			
1000 E		THE PROPERTY OF THE P	TOTAL COMPOSI			
bo ws:	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	EGISTRAR 250 FUNERAL DIRECTOR	ADDRESS			
the body was releashows: (1) An acc was D.O.A. at a deceased prior to	DEC 13 1966 P. D. 158 5	Reberma MARTHARY	SERVICE - BUIL			
4707	VS 150-REV. 1/1/65	JIADALA GALALA	- WARTANA			



IMPORTANT	Also, if the direct or corrected any kind; (4) Under nounced death was in attendance on the decement or final disposition
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or conshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Underwas D.O.A. at a hospital (except where the physician who pronounced death was in deceased prior to death); and (6) No physician was in regular attendance on the decement approval must be obtained before the remains are embalmed or final disposition

	140		66 12450	BALTIMORE C	TY HEALTH DEPARTMENT		00 101	
0	75705	BIRTH NO.		CERTIFIC	ATE OF DEATH	Registered Na	00 12401	
	and eath ased the Such	1. NAME OF	DECEASED		2, DATE A	AND HOUR OF DEATH	157	
	- p o c	(Type or Print)	SPRIGES	meler	1ee 11-	29-66	16/B M	
	hospital and se of death (5) Deceased ance on the death. Such	3. PLACE OF	DEATH IN BALTIMORE, MARYLAN			here deceased lived. If insti	tution: residence before admission)	
	hospituse of (5) De ance death	FULL NAM	AE OF (If not in hospital or ins	titution give steet	170			
	a hos cause se; (5) endan to de	HOSPITAL	OR oddress or location)	silver silver	C. CITY OR TOWN (IF	outside city limits, white PU	RAL and give township	
		-0	INIU TO	5/2.	BA210.	11		
	uting cause; r attend prior to	38 PATO I MA		D. STREET ADDRESS				
	butir ned c lar lar d pri		DICIO dy 100.		2800 P	2800 PRESSTMAN SI		
	tri tri ge ge	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	ed ed	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY		TRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF		
		done during mos	st ol working life, even if retired)				WHAT COUNTRY?	
	de d	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	14. MOTHER'S MAIDEN NAME			
les.	# 56 × + ogs							
Z	di di		ased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRE\$S	
ITA	f the d f the d ly kind; d deat ance or	(Yes, no or unkn	nown) (If yes, give wor or dotes of s	SECURITY NO.	JANNIE-	TANNER	SA	
ORT	M 4- ~ TO D .	1B. 1/4	43 X I	CAUSE	OF DEATH	701	INTERVAL BETWEEN ONSET AND DEATH	
AP	E 0 4 E 6 0	DIS	SEASE OR CONDITION DIRECTL	Y	011000	0 - 7 1		
=	Tan O PE	(This doe	es not mean the mode of dying	g, e.g., DUE TO	ecovasai	can aus	ease)	
3	ner. actur pror ular mbal	heorl foilure, osthenia, etc. It means the diseose,						
Ō	- E B - D E		ANTECEDENT CAUSES	(B) T	serveusure	carded	oscular	
5	A for who reg	DISEASES OR CONDITIONS, if any, giving						
R	(3) (3) s a	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION last.						
	sedica dical rrns; rsicia was main		11					
AL		E TO THE	IGNIFICANT CONDITIONS CONTE	RIBUTING TO THE			Library Control	
ERA	P C S	U 19A. DATE		N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 20B. IF YES, WERE FIN	NDINGS CONSIDERED	
Z	ch th ys	19A. DATE	WAS PERFORM	ED		IN CERTIFYING CAUS	SES OF DEATH?	
E	the all by: (2)	OR CONT	RIBUTING CAUSE OF	21 B. PLACE OF INJURY (e. home, form, foctory, street etc.)	office bldg., INJURY OCCUR?	(If in Boltimore (	City, give exact location)	
	V-= 0 3 Z Z	U	notify medical examiner)  (Month) (Day) (Year) (Ha		21F. HOW DID II	MILLEY OCCUPS		
	pt atu	21D. TIME OF INJUR (APPROX.)	tY .	While At Not V	Vhile	HJORT OCCUR!		
	0 4	(AFFROA)		Work At W	ork	166 , 111	70 66	
	A 80.		tify that (I) (this haspital) atte	11170	11/20/-6		19.00.	
	of of of of of of	-	we) last saw the deceased ali	/ /		-	an death accurred on the date	
	death)	and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED						
	3 0	Stelant of true M.D. Attending Med. Stoff 11-29-66						
	E 0 0 0 + 0	23C.PHYS NAM	ICIAN'S		23D. ADDRESS	· 117 5• 🗀		
	certificate m sody was rel 5: (1) An acc D.O.A. at a l ased prior to	NAM	NAME (Type) STUART C, TIME, M.D.					
	E S S B B	24A. BURIAL REMOVA	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
			12-12-61		UNIVERSITY	N. D.CAL	SULUUL	
	This certiful the body shows: (1) was D.O. deceased written a	25A. DATE RE	DEC 13 1966 A 258	NAME OF REGISTRAR	25C. FUNERAL DIRECT	PARY SERVI	CE - DORESS	
	4 > 0 >	VS 150-REV. 1	1/1/65	, carone, "1	6	· 3		



a hospital and

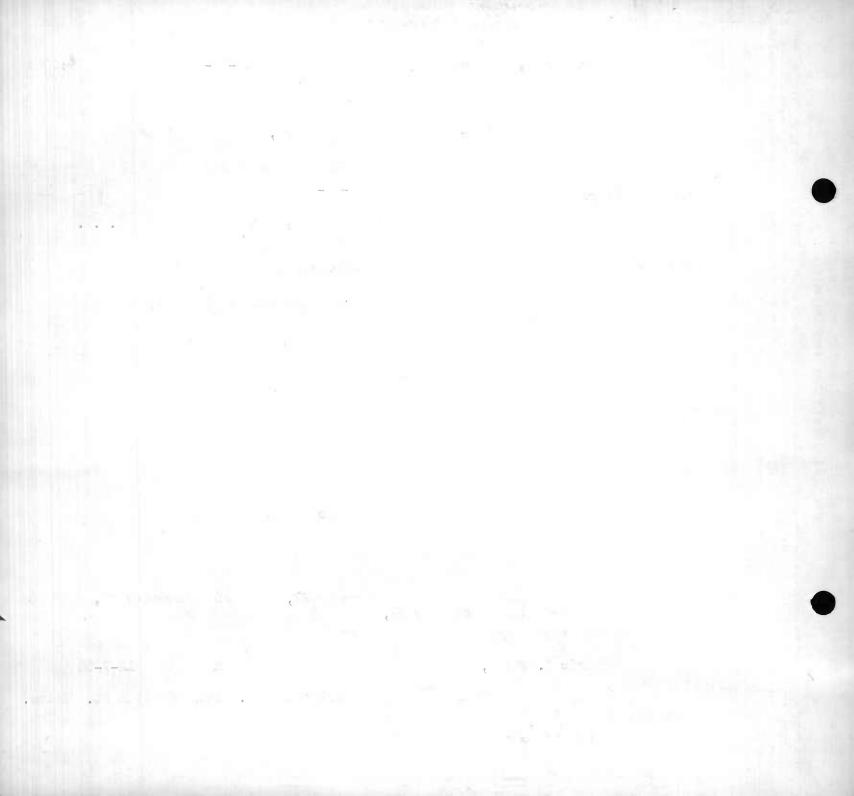
664	6	OA	Plant I	4	BAI
00	1	6.18	0	A.	CE

60-8

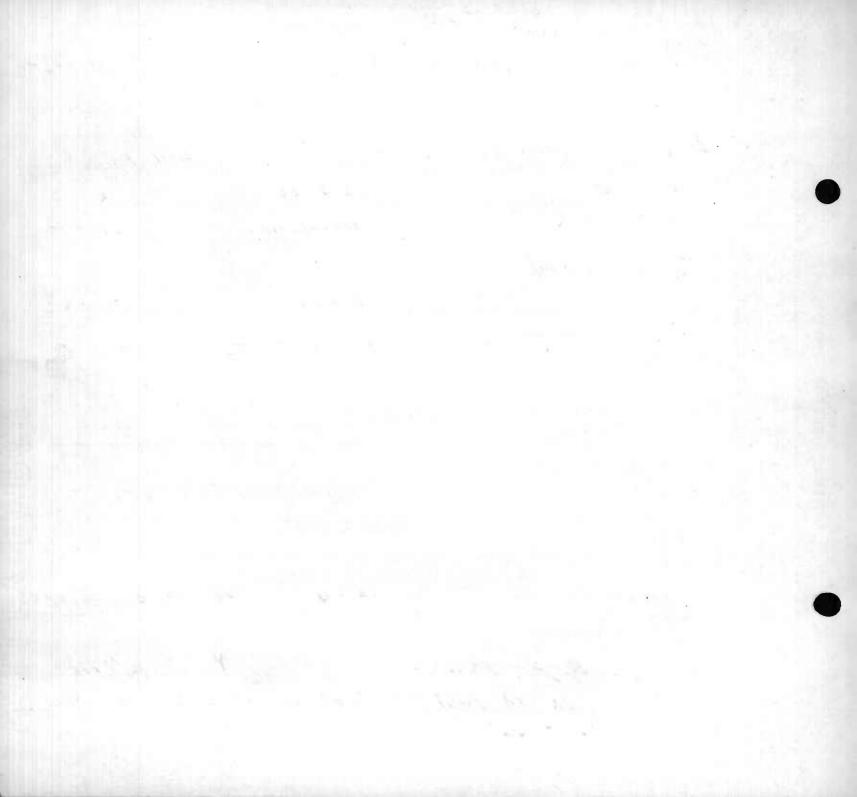
LTIMORE CITY HEALTH DEPARTMENT

Registered I	No	66	12451
--------------	----	----	-------

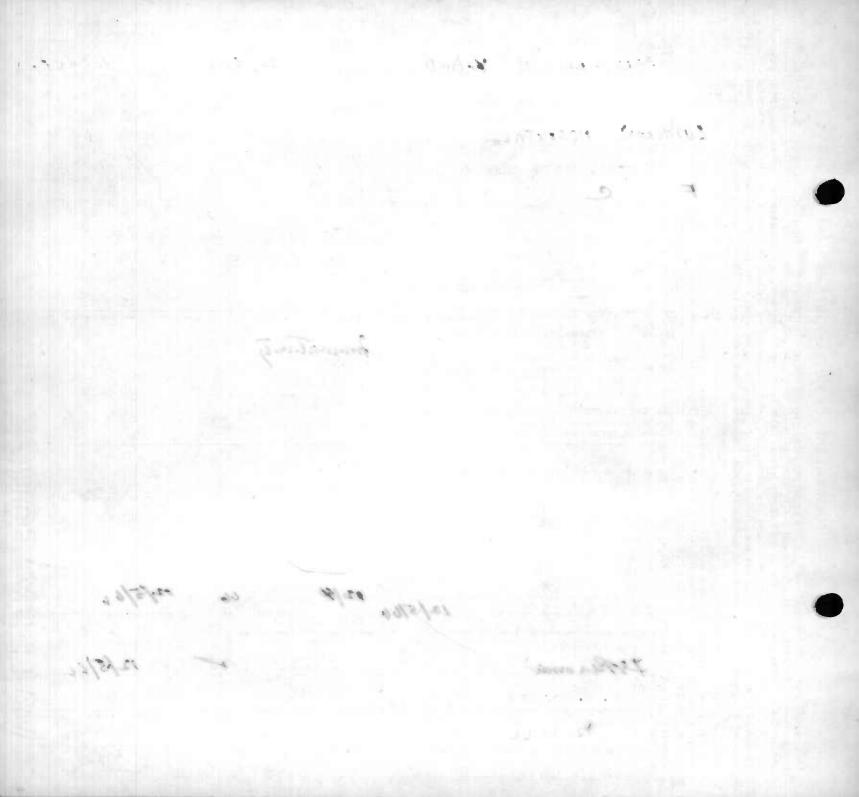
BIRTH NO. M.E. CASE NO.			CERTIFICA	TE OF DEATH	Registered Na.	17.411	
1. NAME OF DE (Type or Print)	CEASED		and the same of th	2. DATE	AND HOUR OF DEATH		
	Strickla	nd, Bab	y college to		11-27-66	9:00 A	
PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE B. CO	there deceased lived. If	institution: residence before admission	
FULL NAME			give street	Maryland	outside city limits, write	RURAL and give township)	
INSTITUTION	Providen	t Hoeni	to?	Baltimore D. STREET ADDRESS (If rurol, give lacotion)			
39	7	a nospr	UCLL				
, SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH ST	Avenue	If Under 1 Yr. If Under 24 Hr	
Male	Negro	WIDOWER	ingle	11-27-66	lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min. 2 35	
	CUPATION (Give kind of world world)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
one guring most o	r working life, even it refired)			Baltimore, Ma	aryland	WHAT COUNTRY?	
3. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN N	NAME		
Otho C	had alal and						
	trickland	2	11.6 50.0141	Johnson		ADDRESS	
es, no or unknow	od Ever in U. S. Armed For	ces: is of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
				Betty Strick	kland (mother	er) SAME	
18.	76 X I		CAUSE O		,	INTERVAL BETWEEN	
DISEA	ASE OR CONDITION DI	RECTLY		)	f / 11	ONSET AND DEATH	
100	LEADING TO DEATH		(1)	ie ma Furi	M (216:	) 15 auris	
OTHER SIGN	he abave cause (A) IG CONDITION last.  II  NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	ONTRIBUTING		E. MELET			
		DITION FOR	WHICH OPERATION			FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIE	ENT WAS UNDERLYING BUTING CAUSE OF	21B hom etc.	ne, torm, toctory, street, of	or obout 21C. WHERE DID	(If in Battima	re City, give exact location)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeos)		ile At Not While	21 F. HOW DID	INJURY OCCUR?		
22. I certif	y that (1) (this haspital	) attended t	he deceased from	lovember 27,	1966 to No.	rember 27, 19 66	
that (1) (we	) last saw the decease	d alive an	November 27.	19 66 and	that in (my) (aur) ap	inian death accurred on the de	
				iew the bady after deat			
23A. SIGNAT			, , , o, (a.a) (ala ilal) v	Ind body offer deal		23B. DATE SIGNED	
		44.110		nding Med.	Stoff		
20.0	Fric L	WALTE.	Phy	s. Director	Phys.	12-7-66	
PHYSICI NAME	The tu	whit	to M.D.	Provident Ho	sp. 1514 Di	vision St. Balto.	
4A. BURIAL CR	EMATION, 248. DATE	24C. N.	AME of CEMETERY OF CRE	MATORY L U . 1 = 240		City, town, or county) (Stole)	
KEIVIO Y ML	17-17	tolo		MINICOCIT	V MEDICA	SCHOOL	
SA. DATE REC'	D BY HEALTH DEPT.	258. NAME (	OF REGISTRAR	25C. FUNERAL DIRECT	IOR. THE	ADDRESS'	
DE	EC 13 1966 (R	2015	Kalley MA ?	o Mort	UARY SER	AICE - BCHB	
S 150-REV. 1/1	/65						



L CASE NO.	CEASED CY 1801		// >	2. DATE A	ND HOUR OF DEATH	
SABY	P	Coa	and A	12	-6-66	11:10 4
PLACE OF D	EATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Wh	ere deceosed lived. If in	nstitution: residence before admiss
HOSPITAL OR			on, give street	C. CITY OR TOWN (IF o	utside city limits, write	RURAL and give township)
INSTITUTION				Baltono		21-3
Yush	2: 1 - 11 - 1	70	at Ida 1.		rurol, give location)	
LUTTIE	JAN TIOSE	) /Al	of Mazylana	1210 Che	224 H1	11 Rd.
SEX	6. RACE	7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Months Doys Hours Min
F	e	WIDO	WED, DIVORCED (specify)	12-4-66	lost birthdoy)	Months Doys Hours Mil
A, USUAL OC	CUPATION (Give kind of	work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
ne during most o	of working life, even if retire	ed)		21	,	WHAT COUNTRY?
				Mazylana		4.3.14.
FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	AME	
JOP	1. 000	20		VIOINRE	· S (a)	ARO
Was Decease	ed Ever in U. S. Armed	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
July of Milking A	yes, give wor or	20.00 01 36(A)	SECORITI NO.	We cohood		
18.	-7 6 . 1 :		CAUSE O	MOTHER	-	INTERVAL BETWEEN
/	16 X	DISCOSIV	CAUSE O	DEATH.		ONSET AND DEATH
DISE	ASE OR CONDITION LEADING TO DEA			DremaTur	**	2 2001
(This does			(A)	rocinalus	J.1.4	0075
	nal mean the made	at dying,	e.g., DUE TO			
heart failure	e, asthenia, etc. 11 me	ans the dise				
heart failure	e, asthenia, etc. It me omplication which cou	ans the dise				
heart failure injury or co	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU	sans the dise sed death.) SES	(B)			
heart failure injury or co	e, asthenia, etc. It me omplication which cou	ans the disersed death.) SES if any, giv	(B)			
hearl failure injury or co	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU OR CONDITIONS,	ans the disection death.) SES if any, giv (A) stating	(8)			
hearl failure injury or co DISEASES rise to I UNDERLYIN	e, asthenia, etc. It me proping to the course of the cours	ans the disersed death.) (SES)  if any, giv (A) stating	(B) DUE TO ving the (C)			/
hearl failure injury or co	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU OR CONDITIONS, the above cause (NG CONDITION last.	is and the disection of the disection of the death, and the disection of t	(B)			
DISEASES rise to I UNDERLYIN  OTHER SIGI TO THE DISEASE O	e, asthenia, etc. It me per per per per per per per per per pe	ans the disersed death,) SES  if any, giv (A) stating  S CONTRIBU RELATED TO	(B) DUE TO  ving the (C)  TING THE			
DISEASES rise to I UNDERLYIN  OTHER SIGN TO THE DISEASE O	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU OR CONDITIONS, the abave cause (NG CONDITION last.  II  NIFICANT CONDITION DEATH BUT NOT IS CONDITION CAUSIN DEFENTION 1798. CO POPERATION 1798.	ans the disersed death,) SES  if any, giv (A) stating  S CONTRIBU RELATED TO	(B)			FINDINGS CONSIDERED LUSES OF DEATH?
DISEASES rise la I UNDERLYIN OTHER SIGI TO THE DISEASE O 19A-DATE C	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU OR CONDITIONS, the abave cause (NG CONDITION last.  II NIFICANT CONDITION DEATH BUT NOT IN CONDITION CAUSIN CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CONDITION CAUSIN CAU	ans the disersed death,) SES if any, giv (A) stating SCONTRIBU RELATED TO NG IT. CONDITION F PERFORMED	(B) DUE TO  Ving the (C)  TING THE	20 A. AUTOPSY? (Yes or N	208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES rise la l UNDERLYIN  OTHER SIGI TO THE DISEASE O 19A-DATE ( 21 A. ACCID OR CONTRI	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU OR CONDITIONS, the abave cause (no CONDITION last.  II  NIFICANT CONDITION DEATH BUT NOT IN CONDITION CAUSIN DEFORMATION 198. (WAS)	ans the disersed death,) SES if any, giv (A) stating SCONTRIBU RELATED TO NG IT. CONDITION F PERFORMED	OR WHICH OPERATION    218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	20 A. AUTOPSY? (Yes or N	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
DISEASES rise la I UNDERLYIN  OTHER SIGN TO THE DISEASE O  19A-DATE (  21A, ACCID OR CONTRI DEATH (notice)	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU OR CONDITIONS, the abave cause (NG CONDITION last.  II NIFICANT CONDITION DEATH BUT NOT IT ROONLING CAUSIN DE OPERATION 198. WAS	ans the disersed death,) SES if any, giv (A) stating SCONTRIBU RELATED TO NG IT. CONDITION F PERFORMED	ITING THE  OR WHICH OPERATION  [218, PLACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes or N	208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES rise to I UNDERLYIN  OTHER SIGN TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (not)	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU OR CONDITIONS, the abave cause (no CONDITION last.  II  NIFICANT CONDITION DEATH BUT NOT IN CONDITION CAUSIN DEFORMATION 198. (WAS)	is the disersed death,) SES  if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED	OR WHICH OPERATION    218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	20 A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES rise to I UNDERLYIN  OTHER SIGN TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (not)	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU OR CONDITIONS, the abave cause (and Condition last.  I NIFICANT CONDITION DEATH BUT NOT IT ROONDITION CAUSIN DE OPERATION 198. WAS DENT WAS UNDERLYIN BUTING CAUSE OF ify medical examiner)	is the disersed death,) SES  if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED	TING THE  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While AI Not Whil	20 A. AUTOPSY? (Yes or han or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES rise to I UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (noti	e, asthenia, etc. It me proplication which could an experiment CAU OR CONDITIONS, the abave cause of a condition last.  I NIFICANT CONDITION DEATH BUT NOT IT RONDITION CAUSIN OF OPERATION 198. WAS OF OPERATION 198. (WAS OF OPERATION BUTING CAUSE OF ify medical examine)	ans the disersed death.) SES if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED	ITING THE  218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not Whill At Work	20 A. AUTOPSY? (Yes or Non or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	re City, give exect location)
DISEASES rise to I UNDERLYIN  OTHER SIGN TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (noti	e, asthenia, etc. It me omplication which cou ANTECEDENT CAU OR CONDITIONS, the abave cause (NO CONDITION LOSI) NIFICANT CONDITION DEATH BUT NOT IT CONDITION CAUSIN OF OPERATION 198. (WAS DENT WAS UNDERLYIN BUTING CAUSE OF ify medical examiner)  (Month) (Doy) (Your first which is the condition of the cause of the ca	is the disersed death,) SES  if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  G (Hour)	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceosed from	20 A. AUTOPSY? (Yes or Note that the property of the property	208. IF YES, WERE IN CERTIFYING CA	NUSES OF DEATH?
DISEASES rise to I UNDERLYIN  OTHER SIGN TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (noti  21D. TIME OF INJURY (APPROX.)  22. I certifi	e, asthenia, etc. It me proplication which could an experiment CAU OR CONDITIONS, the abave cause of a condition last.  I NIFICANT CONDITION DEATH BUT NOT IT RONDITION CAUSIN OF OPERATION 198. WAS OF OPERATION 198. (WAS OF OPERATION BUTING CAUSE OF ify medical examine)	is the disersed death,) SES  if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  G (Hour)	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceosed from	20 A. AUTOPSY? (Yes or Note that the property of the property	208. IF YES, WERE IN CERTIFYING CA	NUSES OF DEATH?
DISEASES rise 10 I UNDERLYIN  OTHER SIGTO THE DISEASE O 19 A. DATE (C 21 A. ACCID DEATH (not)  21 D. TIME OF INJURY (APPROX.)  22. I certif that (1) (wo	e, asthenia, etc. It me per per conditions which could an experience of the per course of the country of the country of the condition causing condition causing condition causing condition causing condition causing condition causing cause of the condition causing cause of the condition causing cause of the condition cause of the cause of the condition cause of the c	ans the disersed death.) SES if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  G (Hour)  wittel) ottendersesed alive	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceosed from	20 A. AUTOPSY? (Yes or he nor obout 21 C. WHERE DID fine bidg., INJURY OCCUR?  21 F. HOW DID IN	O) 208. IF YES, WERE IN CERTIFYING CA	inion death occurred on the
DISEASES rise la I UNDERLYIN  OTHER SIG TO THE DISEASE O 19A. DATE ( OTHER SIG TO THE DISEASE O	e, asthenia, etc. It me per per complication which could an extended the complication which could are considered to the complication of the condition last.  I a condition causing the condition causing condition causing condition causing condition causing cause of the condition cause of the conditi	ans the disersed death.) SES if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  G (Hour)  wittel) ottendersesed alive	DUE TO  DUE TO  TING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed fram	20 A. AUTOPSY? (Yes or he nor obout 21 C. WHERE DID fice bidg., INJURY OCCUR?  21 F. HOW DID IN a condition of the nor obout 21 F. HOW DID IN a condition of the nor	13 20B. IF YES, WERE IN CERTIFYING CA	NUSES OF DEATH?
DISEASES rise la I UNDERLYIN  OTHER SIGI TO THE DISEASE O 19A. DATE ( OR CONTRI DEATH (notice) 21D. TIME OF INJURY (APPROX.)  22. I certiff that (1) (we ond hour a	e, asthenia, etc. It me per per complication which could an extended the complication which could are considered to the complication of the condition last.  I a condition causing the condition causing condition causing condition causing condition causing cause of the condition cause of the conditi	ans the disersed death.) SES if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  G (Hour)  wittel) ottendersesed alive	OR WHICH OPERATION    218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)   21E. INJURY OCCURRED   While At   Work   At	20 A. AUTOPSY? (Yes or Man or about 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID IN the service of the body ofter death of the body of the	O) 208. IF YES, WERE IN CERTIFYING CA	re City, give exact location)  1987 inion death occurred on the
DISEASES rise la I UNDERLYIN  OTHER SIGITO THE DISEASE O 19A. DATE ( OF CONTRI DEATH (notice) 21D. TIME (APPROX.)  22. I certif that (1) (wo	e, asthenia, etc. It me per per condition which course of the course of	ans the disersed death.) SES if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  G (Hour)  wittel) ottendersesed alive	DUE TO  Ving The (C)  ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceosed from on A1 Work  e. (I) (We) (did) (did not) we have a constant of the constant of	20 A. AUTOPSY? (Yes or Man or about 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID IN the service of the body ofter death of the body of the	19 to 19 Stoff	re City, give exact location)  1987 inion death occurred on the
DISEASES rise to I UNDERLYIN  OTHER SIG TO THE DISEASE O 19A-DATE ( 21A. ACCID OR CONTRI DEATH (note) 21D. TIME COF INJURY (APPROX.)  22. I certif that (1) (wo	e, asthenia, etc. It me per per condition which course of the course of	ans the disersed death.) SES if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  G (Hour)  wittel) ottendersesed alive	DUE TO  DUE TO  DUE TO  TING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, fortory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceosed fram on / 2 / (e.g., in home, fortory).  At Work  AT WOR  AT	20 A. AUTOPSY? (Yes or Man or obout 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID IN the control of the body ofter death of the body of the	19 to 19 Stoff	re City, give exoct locotion)  19 67  inion death occurred on the
DISEASES rise to I UNDERLYIN  OTHER SIGITO THE DISEASE O 19A-DATE ( OR CONTRI DEATH (notice) 21D. TIME (APPROX.)  22. I certifit that (1) (wo ond hour a 23A. SIGNAT	e, asthenia, etc. It me per per condition which could an experience of the per course of the per course of the per condition of the per course of the per condition of the per co	ans the disersed death,) SES if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  Hour)  eor) (Hour)  stoted abov	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceosed fram on 12 0  e. (I) (We) (did) (did not) while A1 Work  M.D. Atternation	20 A. AUTOPSY? (Yes or Man or obout 21 C. WHERE DID fine bidg., INJURY OCCUR?  21 F. HOW DID IN 19 ond 19 o	O) 208. IF YES, WERE IN CERTIFYING CA  (If in Baltimon  IJURY OCCUR?  Thot In(my) (our) op  Stoff Phys.	re City, give exoct locotion)  19 67  inion death occurred on the
DISEASES rise to I UNDERLYIN  OTHER SIGITO THE DISEASE O 19A. DATE ( OR CONTRI DEATH (not)  21D. TIME (APPROX.)  22. I certifit that (1) (wo ond hour a 23A. SIGNAT	e, ashenia, etc. II me per per per per per per per per per pe	is ans the disersed death,) SES  if any, giv (A) stating  S CONTRIBU  RELATED TO NG IT.  CONDITION F PERFORMED  eor) (Hour)  eosed alive stoted abov	DUE TO  DUE TO  DUE TO  TING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, fortory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceosed fram on / 2 / (e.g., in home, fortory).  At Work  AT WOR  AT	20 A. AUTOPSY? (Yes or Man or obout 21 C. WHERE DID fine bidg., INJURY OCCUR?  21 F. HOW DID IN 19 ond 19 o	19 to 19 Stoff	NUSES OF DEATH?  THE City, give exact location)  1986  Inion death occurred on the
DISEASES rise to I UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (not DEATH (not THE TO	e, ashenia, etc. II me per per per per per per per per per pe	ans the disersed death,) SES if any, giv (A) stating  S CONTRIBU RELATED TO NG IT. CONDITION F PERFORMED  Hour)  eor) (Hour)  stoted abov	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceosed fram on 12 0  e. (I) (We) (did) (did not) while A1 Work  M.D. Atternation	20 A. AUTOPSY? (Yes or Man or obout 21 C. WHERE DID fine bidg., INJURY OCCUR?  21 F. HOW DID IN 19 ond 19 o	O) 208. IF YES, WERE IN CERTIFYING CA  (If in Baltimon  IJURY OCCUR?  Thot In(my) (our) op  Stoff Phys.	NUSES OF DEATH?  THE City, give exact location)  1986  Inion death occurred on the
DISEASES rise to I UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (note) CONTRI DEATH (note) CONTRI CON	e, asthenia, etc. It me per per per per per per per per per pe	is any, given the disersed death,) SES  if any, given the disersed and state of the disersed alive stoted above the disersed alive stoted alive stoted alive stoted alive stoted alive stoted above the disersed alive stoted alive sto	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceosed fram on 12 0  e. (I) (We) (did) (did not) while A1 Work  M.D. Atternation	20 A. AUTOPSY? (Yes or Man or obout 21 C. WHERE DID fine bidg., INJURY OCCUR?  21 F. HOW DID IN 19 ond 19 o	O 208. IF YES, WERE IN CERTIFYING CA  (If in Baltimot  IJURY OCCUR?  19 ta 2  hot In(my) (our) op  Stoff Phys. I	inion death occurred on the



A.E. CASE NO.		CERTIFICA		
. NAME OF DECEA	ASED		2. DATE AND HOUR OF E	DEATH
Type or Print)	BY GIRL	"B" WIADA	12/5/11	12:11-1
PLACE OF DEAT	H IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased live	d. If institution: residence before admi
			A. STATE B. COUNTY	
FULL NAME OF	(If not in hospital oddress or locatio	or institution, give street	ma.	
INSTITUTION	-		C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
LUTHERA	N HOSP	PITA1	BALTIMORE  D. STREET ADDRESS (If rurol, give locate	and the same of the same
10			D. STREET ADDRESS (III rurol, give locot	11-11 .01
			11/10 Cherry	/+1// Kd.
SEX 6	. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (1) yeo lost birthdoy)	rs If Under 1 Yr. If Under 2 Months: Doys Hours A
F	C		12-4-66	2
		k 108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of wo	orking life, even if retired)			WHAT COUNTRY?
PATHEME NAME			14. MOTHER'S MAIDEN NAME	45.1
FATHER'S NAMI			14. MOTHER'S MAIDEN NAME	1 1 2 2 2
JOE L	. WARE		1.100 KRES	(1) /TR. G
. Was Deceased E	ver in U. S. Armed Fo. If yes, give wor or dote	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
or anknown)	was, give wor or con	es of service) SECURITY NO.	MOTHER	SAME
110	1	CALLED	OF DEATH	
1B.	X		OF DEATH	ONSET AND DEAT
	OR CONDITION DI		0 7 7	
	mean the mode of	. (A)	Inunaturity	
heart foilure, o	sthenio, etc. It means	s the diseose,		
injuly al camp	lication which caused	death.)		
A	NTECEDENT CAUSES			
DISEASES OR	CONDITIONS, if	S (B)		
DISEASES OR	CONDITIONS, if obove couse (A)	S (B)		
DISEASES OR	CONDITIONS, if	S (B)		
DISEASES OR rise to the UNDERLYING	CONDITIONS, if obove couse (A) CONDITION last.	ony, giving stating the (C)		
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFI TO THE DE	CONDITIONS, if obove couse (A) CONDITION last.	S (B) DUE TO Ony, giving stating the (C) CONTRIBUTING ATED TO THE		
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEVELOPMENT OF THE DEVELOPMENT	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELANDITION CAUSING	Ontributing  ATED TO THE		
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITOTHE DEPLICATION OF THE DEPLICATION OF	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELANDITION CAUSING	Ony, giving stating the (C)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
DISEASES OR isse to the UNDERLYING  OTHER SIGNIFITO THE DEADISEASE OR C  19.A. DATE OF C	CONDITIONS, if obove couse (A) CONDITION last.  CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING OPERATION 198, CONWAS PER	S (B) DUE TO Ony, giving stating the (C)  CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION REFORMED		
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEPLICATION OF CONTRIBUTION OR CONTRIBUTION CONTRIB	CONDITIONS, if obove couse (A) CONDITION last.	S (B) DUE TO Ony, giving stating the (C)  CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION PEORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street,		WERE FINDINGS CONSIDERED AG CAUSES OF DEATH?  Bollimore City, give exact location)
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEPLICATION OF CONTRIBUTION OR CONTRIBUTION CONTRIB	CONDITIONS, if obove couse (A) CONDITION last.  CANT CONDITIONS (ATH BUT NOT RELONDITION CAUSING OPERATION 198, CONWAS PER	Ony, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in E	
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEAD THE DE	CONDITIONS, if obove couse (A) CONDITION last.	Ony, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NOITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in E	
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DEVELOPMENT OF CONTRIBUTION OF CONTRIBUTION OF INJURY	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING OPERATION 198, CONWAS PER  WAS UNDERLYING ING CAUSE OF INEDICAL Examiner)	CONTRIBUTING ATED TO THE IT.  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At   Not Wh	in or obout 21C. WHERE DID (If in E office bidg., INJURY OCCUR?	
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEAD THE DE	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING OPERATION 198, CONWAS PER  WAS UNDERLYING ING CAUSE OF INEDICAL Examiner)	Ony, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	Boltimore City, give exact location)
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEAD INSEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.)	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELONDITION CAUSING OPERATION 198, CONWAS PER (WAS UNDERLYING CAUSE OF nedical examiner)  Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT.  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whork  At Work  At Work  At Work  At Work  At Work  Work  Work  At Work	in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	Boltimore City, give exact location)
DISEASES OR ise to the UNDERLYING  OTHER SIGNIFITO THE DEVELOPMENT OF CONTRIBUTION OF CONTRIBU	CONDITIONS, if obove couse (A) CONDITION last.  CONDITION last.  CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING OPERATION 198. COMMAS PER  TWAS UNDERLYING CAUSE OF nedical examiner)  Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT.  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whork  At Work  At Work  At Work  At Work  At Work  Work  Work  At Work	in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	Boltimore City, give exact location)
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DED DISEASE OR COTION TO THE DEATH (notify notion) The DE	CONDITIONS, if obove couse (A) CONDITION last.  CONDITION last.  CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING OPERATION 198. COMMAS PER CAUSE OF ING CAUSE OF Indical examiner)  Month) (Doy) (Year)  that (I) (this haspital ast saw the decease	CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION REPORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Whow Work Work Not Whole At Work At Work  At Work	in or about 21C. WHERE DID (If in E office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	Boltimore City, give exact location)
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DED DISEASE OR COTION TO THE DED DISEASE OR COTION THE DED DISEASE OR COTION TO THE DED DISEASE OR COTION TO THE DISEASE	CONDITIONS, if obove couse (A) CONDITION last.  CONDITION last.  CANT CONDITIONS (ATH BUT NOT RELATED	CONTRIBUTING ATED TO THE IT.  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whork  At Work  At Work  At Work  At Work  At Work  Work  Work  At Work	in or about 21C. WHERE DID (If in E office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	Boltimore City, give exact location)  19  19  19  19  19
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DEPOSITION OF CONTRIBUTE DEATH (notify in DEATH (not	CONDITIONS, if obove couse (A) CONDITION last.  CONDITION last.  CANT CONDITIONS (ATH BUT NOT RELATED	CONTRIBUTING ATED TO THE IT.  DITION FOR WHICH OPERATION REPORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Who At Work  Work  Work Not Whole At Not Whole At Work	in or about 21C. WHERE DID (If in E office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ile 19 6 ta 19 and that in(my) (au view the bady after death.	Boltimore City, give exact location)
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEAD INSEASE OR CONTRIBUTION OR CONTRIBUTION (APPROX.)  21.A. ACCIDENT OR CONTRIBUTION (APPROX.)  22. I certify the thot (I) (we) I and hour and 23A. SIGNATURE)	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT REL- ONDITION CAUSING OPERATION 198, CON WAS PER T WAS UNDERLYING ING CAUSE OF nedical examiner)  Month) (Doy) (Year)  that (I) (this haspital ast saw the decease fram the causes state	Ony, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Whork At Work At Word At Wor	in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ite 19 and that in (my) (auxiew the bady after death.	Boltimore City, give exact location)  19
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DEAD DISEASE OR CONTRIBUTION CAPPROX.)  21	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING PERATION 198. CONWAS PER  WAS UNDERLYING NAME OF MACKET CAUSE C	Ony, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Whork At Work At Word At Wor	in or about 21C. WHERE DID (If in E office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 ta	Boltimore City, give exact location)  19
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEAD INSEASE OR CONTRIBUTION OR CONTRIBUTION (APPROX.)  21.A. ACCIDENT OR CONTRIBUTION (APPROX.)  22. I certify the thot (I) (we) I and hour and 23A. SIGNATURE)	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING PERATION 198. CONWAS PER  WAS UNDERLYING NAME OF MACKET CAUSE C	Ony, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NOTITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Whork Work  Not Whole At Not Whole At Work  At Work  At Word  At Word	in or obout 21C. WHERE DID office bldg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ille	Boltimore City, give exact location)  19
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEAD INSEASE OR CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  21 A. ACCIDENT OR CONTRIBUTED OR CONTRIBUTED OR INJURY (APPROX.)  22. I certify the thot (I) (we) I and hour ond 23A. SIGNATURI 23C. PHYSICIAN NAME (Typ.)	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING OPERATION 198, CONWAS PER TWAS UNDERLYING ING CAUSE OF nedical examiner)  Month) (Doy) (Year)  that (I) (this haspital ast saw the decease fram the causes state in the cause	Only, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION (FORMED)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Who At Work	in or obout 21C. WHERE DID office bldg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ile	pr) apinion death accurred on the
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEAD INSEASE OR CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  21 A. ACCIDENT OR CONTRIBUTED OR CONTRIBUTED OR INJURY (APPROX.)  22. I certify the thot (I) (we) I and hour ond 23A. SIGNATURI 23C. PHYSICIAN NAME (Typ.)	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING OPERATION 1798, CONWAS PER (WAS UNDERLYING CAUSE OF nedical examiner)  Month) (Doy) (Year)  that (I) (this haspital ast saw the decease from the causes state of the cause	Ony, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NOTITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Whork Work  Not Whole At Not Whole At Work  At Work  At Word  At Word	in or obout 21C. WHERE DID office bldg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ile	Boltimore City, give exact location)  19  19  17  19  19  19
DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE DEDISEASE OR CONTRIBUTION OR CONTRIBUTION (APPROX.)  21.A. ACCIDENT OR CONTRIBUTION (APPROX.)  22. I certify the thot (I) (we) I and hour and 23A. SIGNATURI (APPROX.)  23C. PHYSICIAN NAME (Typ.)	CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS (ATH BUT NOT RELADITION CAUSING OPERATION 198, CONWAS PER (WAS UNDERLYING ING CAUSE OF nedical examiner)  Month) (Doy) (Year)  Month) (Doy) (Year)  Mat (I) (this haspital ast saw the decease fram the causes state of the causes of the causes of the causes of the cause	Only, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION (FORMED)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Who At Work	in or obout 21C. WHERE DID office bldg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ile	Doltimore City, give exact location)  19  238. DATE SIGNED



## 2-165 BIRTH NO. 66 12454 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12454

BIRTH NO.	MED	CAL EX	AMIINER 3 C	EKTIFICATE	OF DEATH Regist	ered No.
M.E. CASE NO.						
1. NAME OF DEC				2. DAT	E AND HOUR PRONOUNC	
DI ACE IN BALT	EUC IMORE, MARYLAND, W	ENIA	LEBRAUN	The Hellan Been Ben CE (III	12-12-66	12:30 A. M
FULL NAME OF			JTION, GIVE STREET			stitution: residence before odmissio
OSPITAL OR	ADDRESS OR LOCA	TION)	JANUAR, GIVE STREET	C. CITY OR TOWN (If	outside corporate limits, writ	te RURAL and give township)
				Baltimore	12	-03
00:	2608 N. CALVE	RT STRE	ET	D. STREET ADDRESS (II		
				2608 N. Cal		21218
. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
Female	White	Wid	dowed	10/5/80	X84 86	
	JPATION (Give kind of work vorking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknow	n	Unkı	nown	France		USa
FATHER'S NAN	I.E			14. MOTHER'S MAIDEN	NAME	
Gene	Depardiu			Unknkwn		
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	Balto. Md.	2P2855
No	, yes, give we, or gove	3 01 30111001	None	Paulett Bra	dstock 2608 N	
1B				OF DEATH		INTERVAL BETWEEN
OTHER SIGN TO THE DISEASE OF	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' IG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	CONTRIBUTING THE	HE			
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	Partial	( No) 20B. IF YES, WERE FIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21 A. EXTERNA UNDERLYING UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHERE Colfice bldg., INJURY OCCU		ive exact location)
21 D TIME OF INJURY	(Month) (Doy) (Yeo		TE INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		m. V		St ia		
22.	ify that I held an I	nquiry 🗌	Inspection Au	topsy X and that a	on this basis, death In	my apinian
resul	ted from: Natural ca	uses X	ccident Suicid		Undetermined mann	
ACTUAI SIGNAT	110000	34	(-/-/-		L EXAMINER	DATE SIGNED
EXAMIN NAME (	ER'S	R U. SP	IZ, M.D.	ASSOCIATE MEDICA		12-12-66
A. BURIAL CREA		23	C. NAME of CEMETERY	or CREMATORY 2	3D. LOCATION (City	, town, or county) (State)
Crematio			Green Mount Co	rematory	Balto. Md.	ADDRESS
	DEC 13 1966	Robal	E. Jalle M.		Balto. Md.	
/S 151-REV. 1/1/	65		0.0.0	2 1 4 1		

The state of the s

THE IMPROVEMENT PRODUCT AT

15/12/66 contains and tancers on course, theylan

and

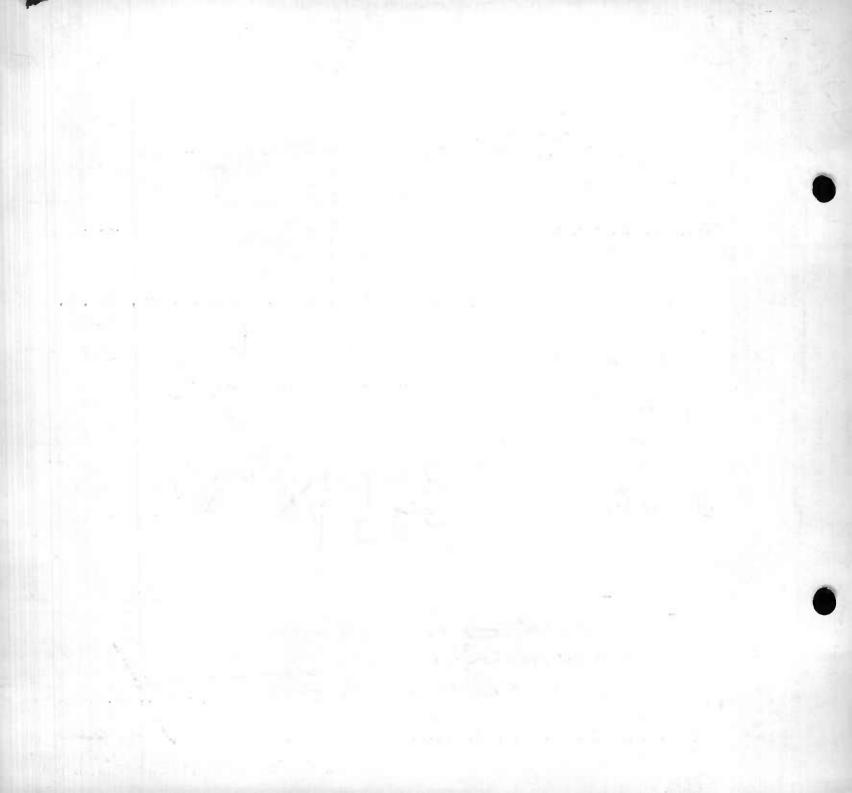
			BALTIMORE CI	TY HEALTH DEPARTME	NT	66 10450
CASE NO.	66 12456		CERTIFIC	ATE OF DEAT		
AME OF DECE	Alice	Gor	dy		cember 9, 1966	
LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE		institution: residence before
FULL NAME OF HOSPITAL OR NSTITUTION	F (If not in hospital oddress or location		ive street	Maryland c. city or town	(If outside city limits, write	RURAL ond give township)
		n1		Baltimore		11-68-
200 E	ast Mt. Vern	on Place		D. STREET ADDRESS  22 East M	(If rurol, give locotion)	e
emale	6.RACE White	WIDOWED	NEVER MARRIED , DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Und Months Doys Hours
		Wide	DWCD BUSINESS OR INDUST	Oct. 9, 18	83 83 or foreign country)	12. CITIZEN OF
during most of w	vorking life, even if retired)			Coofeed D	o l orrowo	WHAT COUNTRY?
FATHER'S NAM	\E			Seaford, D		U.S.A.
				The Property of the Property o	TAME	
William	Ellis	2	1 ( 500)	17 11 10 10 11 11 11		4.5.0000
, no or unknown)	(Il yes, give wor or dote	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
lo			213-03-5524		G. Zaras	
1B. 260	XI		CAUSE	OF DEATH		INTERVAL BETY ONSET AND D
	E OR CONDITION DI	RECTLY		attended to the same	CEMPA NI	
	LEADING TO DEATH	dvina	(A) CO	oronary Occlu	sion	l hour
heart failure, a	asthenia, etc. II meons	the disease,	DUE 10			
	plication which coused		. Di	abetes Mellit	บร	15 years
A	INTECEDENT CAUSES		DUE TO			
	R CONDITIONS, if abave couse (A)		(a) Ar	teriosclerati	c Cardiovascu	lar 15 years
	CONDITION lost.	sioning ine			C Cal Glovasco	ital 17 years
	II.		D1	sease		
TO THE DE	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	ATED TO THE				
19 A. DATE OF	OPERATION 198. CON		HICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
0				No		
OR CONTRIBUT	TING CAUSE OF	home	e, lorm, loctory, street,	olfice bldg., INJURY OCC	DID (II in Boltime CUR?	ore City, give exact location)
	medical examiner)	etc.)				
OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED		ID INJURY OCCUR?	
(APPROX.)		Whil	le At Not W			
22. I certify t	that (1) (this hospita	l) attended th	e deceased from		19 63 ta P1	resent 19
that (I) (we)	last saw the decease	ed alive an	December		and that in(my) (aur) as	pinian death accurred an
and hour and 23A. SIGNATUR		ted above, (I)	) (We) (did) (did nat)	) view the bady ofter d	eoth.	DOD DAYS SIGNISM
		, ,	M.D. A	Attending Med.	Stoll —	23B, DATE SIGNED
	bul H Das	unhend	The P	hys. Director	Phys.	12-9-66
NAME HY	pe)			23D. ADDRESS		
	liam H. Town:	shend Jr	• M.	14 East Ea	ger Street	
BURIAL CREA	AATION, 248, DATE	24C. NA	ME of CEMETERY of	CREMATORY	24D. LOCATION (6	City, town, or county)
		66 To	coop Cometer	237	Charles Mann	land
Dr. Will BURIAL CREM REMOVAL (Sp  Burial	liam H. Town:	24C. NA	ssop Cemeter	EREMATORY  25C. FUNERAL DIR	Sparks, Mary	7land 1050^98

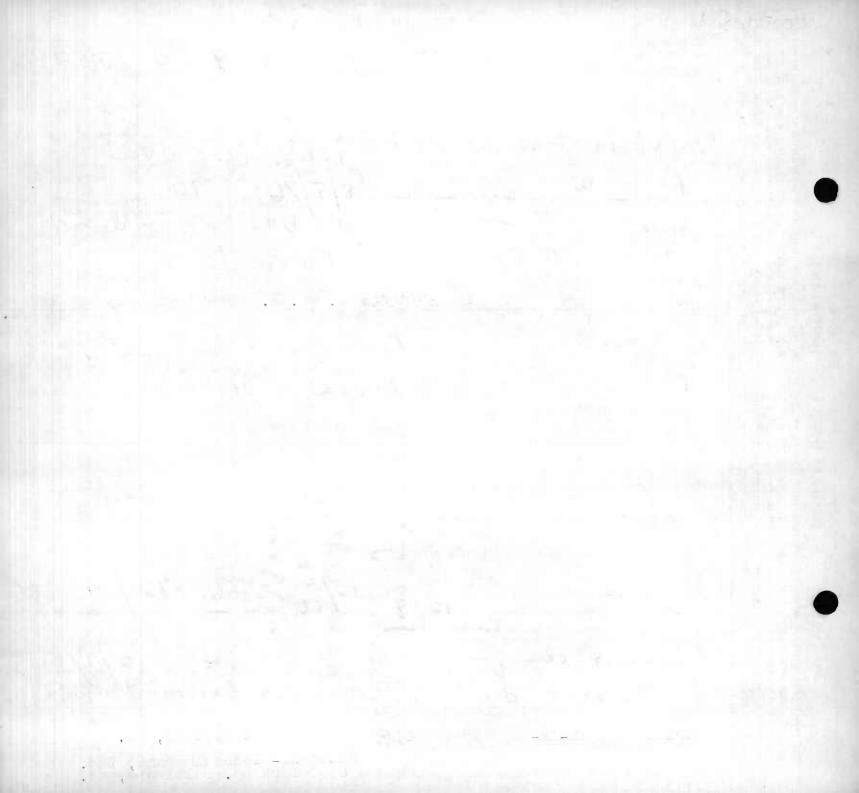
1/1 1/2 1/2 1/2 1/2 miner in will like an early and permit a meaning of the control and the party of the state of t

IMPORTANT

DIRECTOR:

FUNERAL



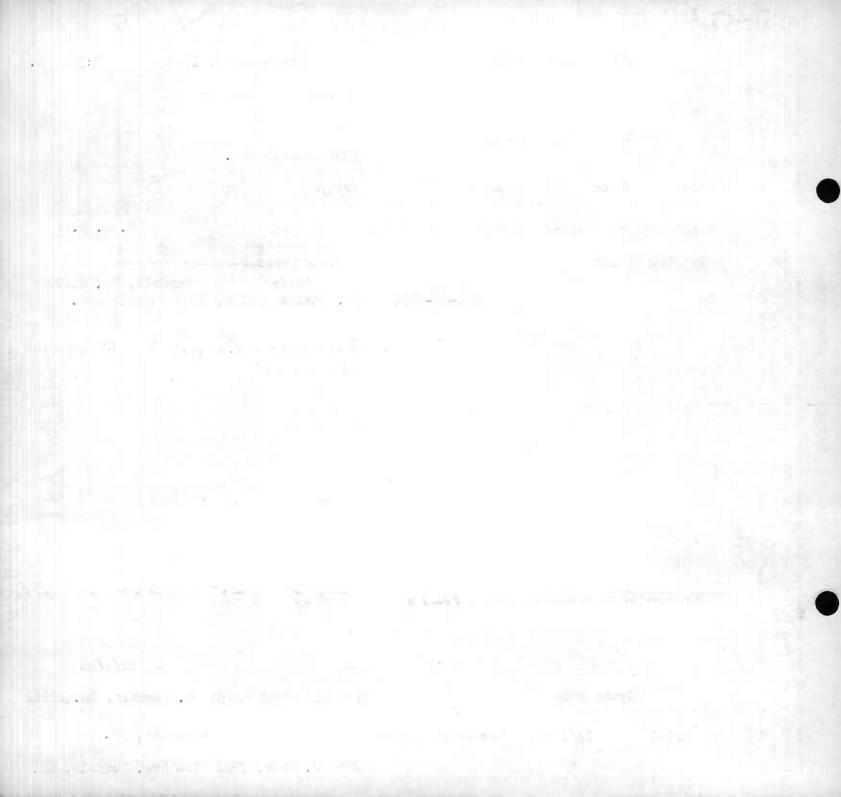


46-72	-98 ED	7 .
	D	6
	be the	f
	9 9 4	Sc
	P P P P	è
	O O o	<u> </u>
	50 Se	0
	4 m	0
	USO	+
	ng cat	0
	P P	0 0
	ui ib	Po
	THE BE	ST
	100	93
	in de r	9.0
	de de	Sin
	¥ 60€ ×	4 6
5	# H	- P
4	nd nd	0 -0
7	sis d ki	u u
ō	a Find	9 2
٩	o, o, unc	P
≥	Als	# e
	D	7
FUNERAL DIRECTOR: IMPORTANT	Pr	9 6
5	fri o	90
Ü	X A A	9 9
2	3000	E 0
	0-10 0-10 0-10	Sin
-	dic dic	3 E
× ×	The bury	E -
Ш	dy dy	Pe Ci
Z	chi Bo	× 5
5	e 2 b	ph or
	+======================================	0 0
	by with	ZZ
	De sol	9 8
	0 h	D 0
	th ny ex	P d
	4 5 4 -	0
	o p to	# # # #
	st lessen	dec
	P S	0 _
	This certificote must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the shows: (1) An occident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physicion was in regular ottendonce on the deceased prior to death. Such written approvol must be obtoined before the remoins ore embolmed or finol disposition is mode.
	os os at	5 5
	# * A	9
	FACO.	9 5
	bo WS:	+6
	his nov as	rit.
	二十六 >	- ×

IRTONO. 66 12459		nealin Derakimeni	Registered No.	66 124.59
M.C. CARE NO.		TE OF DEATH	Registered No.	
I, NAME OF DECEASED			NO HOUR OF DEATH	30 .
DIVOWIV,	E11A	DEC		6 1123 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If inst	itution: residence before admission
FULL NAME OF (If not in haspital or institut	tian, give street	marylone		
HOSPITAL OR oddress or location	- 617	C. CITY OR TOWN (If ou	tside city limits, write RU	(RAL ond give township)
4940 Eastern Ave. Baltimor	5 Cilland		RE CITY	9-01
31 HOSPITAL	o, Maryianu	D. STREET ADDRESS (If	rurol, give location)	AVE
		1723 GORS	JUCH AVE-18	
MITTO MIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	last birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min,
Temale Carac.	DIVORCED	2131101	19	
done during most of working life, even if retired)	D OL BOZINEZZ OK INDUZIKI	partimore	ign country)	12. CITIZEN OF WHAT COUNTRY?
		maugeri		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
William BROWN		Unknow	MARY ELL	EN MILBURN
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS 21224
The state of the s		BCH: Records 4	940 Eastern A	lve. Baltimore, N
18. 7.6 9 0 1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Ar	L. NO CARCI	nomb	
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUE TO	& Somo CORCI	un	
injury or complication which caused death.)	1036,			
ANTECEDENT CAUSES	(B)		) d 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASES OR CONDITIONS, if ony, gi	ving			
rise to the obove couse (A) stating UNDERLYING CONDITION last.	lhe (C)	**************************************	10000000000000000000000000000000000000	
OTHER SIGNIFICANT CONDITIONS CONTRIBL				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	/YO	(16 : 0 14:	Charles and the second
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	tir in politimore	City, give exact location)
0				
OF INJURY (Month) (Doy) (Yeor) (Hour)	While At Not While	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) attend	ed the deceased from	Set 5-17	19 66 to DE	C 9 1966
that (I) (we) last sow the deceased alive	on DEC 9	19 66 and th	at in (my) (aur) apini	an death accurred an the a
and hour and fram the causes stated abov				
23A. SIGN ATURE				238, DATE SIGNED
Q & . Wennlarg	M.D. Atte	ending Med. Director	Stoff Phys.	DIC 9 1000
23C. PHYSICIAN'S	Phy		<u> </u>	7,1966
NAME (Type)	BERG M.D.	4940 18	1 1 1	altimore, Md.
	C. NAME OF CEMETERY OF CRE	13ALTIMO!		19038 #21224
REMOVAL (Specify)				, town, or county) (State)
Burial 12/12/66	Parkwodd Cem		Balto.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	Mitchell-Wi	edefeld Ho	me. Inc.
	A G G G	6500 York	Rd. 21212	
VS 150-REV. 1/1/65				

THE PART OF THE PARTY OF THE PA

(Typ	AME OF DE		Joseph D	onlen		ecember 7, 196	
3. F	LACE OF DE		IMORE MARYL		4. USUAL RESIDENC	E (Where deceased lived, )	
ŀ	ULL NAME		t in hospitol or i ss or locotion)	nstitution, give street	Maryland  C. CITY OR TOWN	Baltimore C	ite RURAL ond give towns
ı	NOITUTITZN				Dundalk	the outside any mining will	5 3-
-	Ba	ltimore	City Ho	spital	D. STREET ADDRESS	(If rural, give location)	
1	)				3007 Dunda	alk Ave.	
-	ale	6. RACE White		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specification)	8/28/95	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Months Doys Hou
toA	USUAL OCC	UPATION (Giv	e kind of work 10	B. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTS
-		tion, R		Food Fair Proper	ties New Yor	rk	U. S. A.
	FATHER'S NA			1 1	14. MOTHERS MAID		
	Patrick	Donlon			Nellie On	vens	
15.	Was Decease	d Ever in U. S	Armed Forces		17. INFORMANT(WI		andalla ADDRESA
	.no or unknow		wor or dotes o			Donlen, 300	undalk, McRes 21 7 Dundalk Ave.
	1B.42	0.01		CAU	SE OF DEATH		INTERVAL E
	DISEA		DITION DIREC	TLY	1 -	1 -0. 1	
	(This does	LEADING 1	e mode of dy	ing e.g. DUE To	Cuteriose	Cervin bel	and 4 m
			c. It means the	diseose.	1 00		
				1) \	Miske		
		mplication wh	nich coused de	om./	ange		
	injury or co	ANTECEDEN	IT CAUSES	(B)			
	DISEASES	MPICOTION WE ANTECEDEN OR CONDIT	nich coused de IT CAUSES IONS, il ony	(B) DUE TO			
	DISEASES	MPICOTION WE ANTECEDEN OR CONDIT	nich coused de IT CAUSES IONS, il ony couse (A) ste	(B) DUE TO			
NOIL	DISEASES rise to It UNDERLYIN OTHER SIGN TO THE I	MANTECEDEN  OR CONDITION  OB OBOVE OF CONDITION  INFICANT CONDEATH BUT	nich coused de IT CAUSES FIONS, il ony couse (A) ste DN lost. NOT RELATE	(B)			
ATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE I DISEASE OR	MANTECEDEN  OR CONDITION  OB OBOVE OF CONDITION  INFICANT CONDEATH BUT	nich coused de IT CAUSES CIONS, il ony couse (A) str DN lost.  NOTITIONS CON NOT RELATEL CAUSING IT.	(B)		s or No) 20B. IF YES, WE	
AL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE II DISEASE OR  19-A. DATE O	ANTECEDEN OR CONDITION	IT CAUSES  FIONS, il ony couse (A) sh ON lost.  NOT RELATEL CAUSING II.  198. CONDIT WAS PERFOR  DERLYING USE OF	(B)	20A. AUTOPSY? (Ye	s or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERS
DICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE II DISEASE OR  19-A. DATE O  CONTRIB DEATH (notif	ANTECEDEN OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF OPERATION OF TWAS UN UTING CA y medical examples	TICAUSES  FIONS, il ony couse (A) shoon lost.  NOT RELATE! CAUSING IT.  198. CONDIT WAS PERFOR  DERLYING USE OF miner)	ITRIBUTING TO THE    ON FOR WHICH OPERATION   MED   ME	20A. AUTOPSY? (Ye NO e.g., in ar about 21C. WHERE et, office bldg., INJURY OCC	s or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERE CAUSES OF DEATH?
DICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE O DISEASE OR 19A. DATE O  21A. ACCIDIO OR CONTRIB DEATH (notif	ANTECEDEN OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF OPERATION OF TWAS UN UTING CA y medical examples	IT CAUSES FIONS, il ony couse (A) strong DN lost.  NOT RELATE! CAUSING IT.  19B. CONDIT WAS PERFOR  DERLYING USE OF	ITRIBUTING TO THE  ON FOR WHICH OPERATION MED    18 PLACE OF INJURY   home, form, foctory, streetc.)   19 PLACE OF INJURY   home, form, foctory, streetc.)	20A. AUTOPSY? (Ye NO e.g., in or about 21 C. WHERE injury occ 21F. HOW D	s or No) 20B. IF YES, WE IN CERTIFYING DID (If in Baltin	RE FINDINGS CONSIDERE CAUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE USEASE OF 19A. DATE OF 21A. ACCIDION	ANTECEDEN OR CONDITION OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF OPERATION OF OPERATION OF CAN	IT CAUSES FIONS, il ony couse (A) sh ON lost.  NOT RELATE! CAUSING IT.  19B. CONDIT WAS PERFOR USE OF miner)  Ooy) (Year) (I	ITRIBUTING TO THE  SITE BUTING TO THE  SITE BU	20A. AUTOPSY? (Ye NO e.g., in ar about 21C. WHERE INJURY OCC	s or No) 20B. IF YES, WE IN CERTIFYING DID (If in Baltin	RE FINDINGS CONSIDERS CAUSES OF DEATH? more City, give exact loca
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE ID DISEASE OR 19A. DATE O  21A. ACCIDI OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. I certify	ANTECEDEN OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF OPERATION OF OPERATION OF CANDITION OF CANDI	IT CAUSES FIONS, il ony couse (A) shoon lost.  NOT RELATE! CAUSING IT.  19B. CONDIT WAS PERFOR USE OF miner)  Ooy) (Year) (I	DUE TO DUE TO DUE TO DUE TO OTHE  STRIBUTING TO THE  SON FOR WHICH OPERATION MED  21 B. PLACE OF INJURY home, form, foctory, streetc.)  Hour) 21 E. INJURY OCCURREE While At Not Work At	e.g., in ar about 21 C. WHERE INJURY OCC	DID (If in Baltin	RE FINDINGS CONSIDERE CAUSES OF DEATH?  more City, give exact loca
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  21A. ACCIDI OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. I certify thot (I) (we	ANTECEDEN OR CONDITION OR CONDITION OF CONDI	IT CAUSES  IT CAUSING IT  IT PB. CONDIT  WAS PERFOR  DERLYING IT  USE OF  miner)  Doy) (Yeor) (I	(B)	e.g., in ar about 21C. WHERE INJURY OCC	DID (If in Baltin CUR?  19 5 to ond that in (my) (aur)	RE FINDINGS CONSIDERE CAUSES OF DEATH?  more City, give exact loca
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19-A. DATE O  21-A. ACCIDIOR CONTRIB DEATH (notif 21-D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond hour or	ANTECEDEN OR CONDITION THE OBOVE OF CONDITION OF CONDITION OF CONDITION OF OPERATION OF CONDITION OF OPERATION OF CONDITION OF CONDITIO	IT CAUSES  IT CAUSING IT  IT PB. CONDIT  WAS PERFOR  DERLYING IT  USE OF  miner)  Doy) (Yeor) (I	DUE TO DUE TO DUE TO DUE TO OTHE  STRIBUTING TO THE  SON FOR WHICH OPERATION MED  21 B. PLACE OF INJURY home, form, foctory, streetc.)  Hour) 21 E. INJURY OCCURREE While At Not Work At	e.g., in ar about 21C. WHERE INJURY OCC	DID (If in Baltin CUR?  19 5 to ond that in (my) (aur)	RE FINDINGS CONSIDERS CAUSES OF DEATH?  more City, give exact loca  2 - 7  opinion death accurred
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  21A. ACCIDI OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. I certify thot (I) (we	ANTECEDEN OR CONDITION THE OBOVE OF CONDITION OF CONDITION OF CONDITION OF OPERATION OF CONDITION OF OPERATION OF CONDITION OF CONDITIO	IT CAUSES  IT CAUSING IT  IT PB. CONDIT  WAS PERFOR  DERLYING IT  USE OF  miner)  Doy) (Yeor) (I	(B)	e.g., in ar about 21C. WHERE INJURY OCCUPANTS OF THE PROPERTY	DID (If in Baltin CUR?)  OID INJURY OCCUR?  19 to ond that in(my) (aur) is death.	RE FINDINGS CONSIDERE CAUSES OF DEATH?  more City, give exact loca
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19-A. DATE O  21-A. ACCIDIOR CONTRIB DEATH (notif 21-D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond hour or	ANTECEDEN OR CONDITION THE OBOVE OF CONDITION OF CONDITION OF CONDITION OF OPERATION OF CONDITION OF OPERATION OF CONDITION OF CONDITIO	IT CAUSES  IT CAUSING IT  IT PB. CONDIT  WAS PERFOR  DERLYING IT  USE OF  miner)  Doy) (Yeor) (I	(B)	e.g., in ar about 21C. WHERE INJURY OCC	DID (If in Baltin CUR?  DID INJURY OCCUR?  19 5 to ond that in (my) (aur) deoth.	RE FINDINGS CONSIDERS CAUSES OF DEATH?  more City, give exact loca  2 - 7  opinion death accurred
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE IDISEASE OR 19A. DATE O  21A. ACCIDIOR CONTRIB DEATH (notif 21D. TIME 21D. TI	ANTECEDEN OR CONDITION OR CONDITION OF OPERATION OF OPERA	IT CAUSES FIONS, il ony couse (A) she DN lost.  NOITIONS CON NOT RELATE! CAUSING IT.  19B. CONDIT WAS PERFOR USE OF miner)  DODY) (Year) (I) is hospital) of the deceosed of couses stated	(B)	e.g., in ar about 21 C. WHERE INJURY OCCUPANTS OF THE INJURY OCCUPANTS OCCUPANTS OF THE INJURY OCCUPANTS	DID (If in Baltin CUR?  DID INJURY OCCUR?  19 to ond that in (my) (aur) death.	RE FINDINGS CONSIDERE CAUSES OF DEATH?  more City, give exact loca  238, DATE SIGNED
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE IDISEASE OR 19A. DATE O  21A. ACCIDIOR CONTRIB DEATH (notif 21D. TIME 21D. TI	ANTECEDEN OR CONDITION OR CONDITION OF OPERATION OF OPERA	IT CAUSES FIONS, il ony couse (A) she DN lost.  NOITIONS CON NOT RELATE! CAUSING IT.  19B. CONDIT WAS PERFOR USE OF miner)  DODY) (Year) (I) is hospital) of the deceosed of couses stated	(B) DUE TO DUE TO DUE TO DUE TO DUE TO THE STORY WHICH OPERATION MED    21 B. PLACE OF INJURY home, form, foctory, site etc.   While At Work	e.g., in ar about 21C. WHERE INJURY OCC  White 19 6 6  Attending Med. Phys. Med. Directo	DID (If in Baltin CUR?  DID INJURY OCCUR?  19 to ond that in (my) (aur) death.	RE FINDINGS CONSIDERS CAUSES OF DEATH? more City, give exact loca  23B, DATE SIGNED  12/9/66
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE IDISEASE OR 19A. DATE O  21A. ACCIDIOR CONTRIB DEATH (notif 21D. TIME 22L. I certif 21D. TIME 22L. I certif 23A. SIGNAT  23C. PHYSICI. BURIAL CRI	ANTECEDEN OR CONDITION OR CONDITION OF OPERATION OF OPERA	Mong  IT CAUSES  IT CAUSING IT CAUSING IT	(B) DUE TO DUE TO DUE TO DUE TO DUE TO THE STORY WHICH OPERATION MED    21 B. PLACE OF INJURY home, form, foctory, site etc.   While At Work	20A. AUTOPSY? (Ye NO  e.g., in or about 21 C. WHERE et, office bldg., INJURY Occ  21F. HOW D  While Work  19 6  Attending K Med. Phys.  23D. ADDRESS  M.D.  3209 Old No	DID (If in Baltin CUR?  DID INJURY OCCUR?  19 to ond that in (my) (aur) death.	RE FINDINGS CONSIDERS CAUSES OF DEATH? more City, give exact loca  23B, DATE SIGNED  12/9/66
MEDICAL CERTIFICATIO	DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  21A. ACCIDI OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond hour or 23A. SIGNAT	ANTECEDEN  OR CONDITION  OR CONDITION  OF CONDITION  INFICANT COLOR  ENT WAS UN  UTING CA  (Month) (E  (Month) (E  ANTECEDEN  ANTECEDEN  (Month) (E  CANTON  C	Mong  IT CAUSES  IT CAUSING IT CAUSING IT	DUE TO DUE TO DUE TO DUE TO OTHE  STRIBUTING TO THE  SON FOR WHICH OPERATION MED  21 B. PLACE OF INJURY home, form, foctory, streetc.)  Houri 21 E. INJURY OCCURREE While At Not Work At  Attended the deceosed from alive an Showe. (II) (We) (did) (did recomplete)	e.g., in ar about 21C. WHERE INJURY OCCUPATION OF THE INJURY OCCUPATION	DID (If in Baltin CERTIFYING  DID (If in Baltin CUR?  DID INJURY OCCUR?  19 to ond that in (my) (aur) of the coth.  Stoff Phys.   24D. LOCATION	re findings considers Causes of death?  more City, give exact loca  / 2 - 7  opinion death accurred  12/9/66  Dundalk, Md.



2 4	oe or Print)	catheri Catheri	ine Szur	lanski		Dec. 10-1966	4A.M.
3. P	PLACE OF DE	ATH IN BALTIMORE, M.			4. USUAL RESIDENCE (V	Vhero decoasod lived. If	institution: residence before adm
	FULL NAME O			give street	A. STATE B. COUNTY Maryland		
	HOSPITAL OR oddross or location) INSTITUTION				C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
-	10210	Nº 42:	Maria An			(If rural, give location)	26-36
(	) (140	5 Anglesea S	treet		1405 Angles		21224
5. S	emale:	6. RACE White		NEVER MARRIED  DIVORCED (specify)	B. DATE OF BIRTH  June 28-1922	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 1 Months Doys Hours
				BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stoto or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
aane	e auring most of	working life, even if retired) Housew			Pennsylvania		U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
		Andrew 6	ossari		Rose Ne	stico	
15. V	Wos Deceased	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			198-16-9032	Husband. Mr.	Leonard Szum	danski, 4,a,b,c
	1B. 170	YI		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEAS	SE OR CONDITION D			7 1 12	2010	
	(This does r	LEADING TO DEATH nat mean the made a		(A) DUE TO	ANCER- 13	REAST	79clar
	heart failure,	asthenia, etc. It mean	s the disease,	DOE 10			
		nplication which cause		· Po			
		ANTECEDENT CAUSE		DUE TO		0 000 000 0 0 000 0 0 0 0 0 0 0 0 0 0	
		OR CONDITIONS, if					
	lise to the	e obove cause (A)	Sigilino ine	16-1			
		e above cause (A) G CONDITION last.	siding ine	(C)		***************************************	
ATION	OTHER SIGNI	G CONDITION Iasi.	CONTRIBUTING	G			
4	OTHER SIGNI	FICANT CONDITION IOSI.  FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO	CONTRIBUTING ATED TO TH	G E WHICH OPERATION	20A. AUTOPSY? (Yos or	Nol 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFICA	OTHER SIGNITO THE DISEASE OR	FICANT CONDITION I SEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO. WAS PE	CONTRIBUTING ATED TO TH IT. NOITION FOR V RFORMED	WHICH OPERATION	20A. AUTOPSY? (Yos or	No) 208, IF YES, WERI	AUSES OF DEATH?
CAL CERTIFICA	OTHER SIGNI TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE! OR CONTRIBL	FICANT CONDITION IOSI.  FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO	CONTRIBUTING ATED TO TH IT. NOTION FOR V RFORMED  218.	WHICH OPERATION  N. Wasf  PLACE OF INJURY (e.g., o, form, foctory, street,	20A. AUTOPSY? (Yos or	No) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? OTE City, give exact locotion)
EDICAL CERTIFICA	OTHER SIGNI TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE! OR CONTRIBL	FICANT CONDITION IGSI.  FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PE WAS UNDERLYING UTING CAUSE OF	CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED 218. hom otc.) (Hour) 21E.	WHICH OPERATION  PA-Paraga  PLACE OF INJURY (e.g., to, form, foctory, stroet, to)  INJURY OCCURRED	20A. AUTOPSY? (Yos or NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR	No) 208, IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?
CAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A-DATE OF OR CONTRIBUTE OF CONTRIBUTE	FICANT CONDITION IGSI.  FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 19B. CO WAS PE TO WAS UNDERLYING UTING CAUSE OF medicol oxominar)	CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED 218. hom otc.) (Hour) 21E.	WHICH OPERATION  Not Which OPERATION  Not Which OPERATION  PLACE OF INJURY (e.g., o., form, foctory, stroet, o., form, foctory, o., form, foc	in or about 21C. WHERE DID office bldg., INJURY OCCUR	No) 20B, IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICA	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE! OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	FICANT CONDITION I SEATH BUT NOT REL CONDITION CAUSING OPERATION 198. COWAS PENT WAS UNDERLYING THING CAUSE OF medicol oxominari	CONTRIBUTING ATED TO TH IT. NODITION FOR V RFORMED  218. hom otc.) (Hour) 21E. Whi	WHICH OPERATION  PLACE OF INJURY (e.g., o., form, foctory, street, o.)  INJURY OCCURRED Not Wh	20A. AUTOPSY? (Yos or NO ) in or obout 21C. WHERE DID office bldg., INJURY OCCUR	No) 208, IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exect lecotion)
MEDICAL CERTIFICA	OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.)	FICANT CONDITION I SEATH BUT NOT REL CONDITION CAUSING OPERATION 198. COWAS PENT WAS UNDERLYING THING CAUSE OF medicol oxominari	CONTRIBUTING ATED TO TH IT. NDITION FOR V REORMED 218. hom ols, ) (Hour) 21E. Whi wor	WHICH OPERATION  TA-PUVACY  PLACE OF INJURY (e.g., 10, form, foctory, stroet, 11 NJURY OCCURRED  The At Mark	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR	No) 208, IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?  DIE City, give exect lecction)
MEDICAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF CONTRIBL DEATH (notify (APPROX.)  21 D. TIME OF INJURY (APPROX.)	FICANT CONDITION I SEATH BUT NOT RELCONDITION CAUSING OPERATION 198. COWAS PE WAS PE MEDICAL CONDITION (Month) (Doy) (Your that (I) (this hospital lost sow the decease	CONTRIBUTING ATED TO TH IT. NOMITION FOR V REFORMED 218. hom otc.) (Hour) 21E. Whi worl) of) oftended the	WHICH OPERATION  PLACE OF INJURY (e.g., o., form, foctory, street, o.)  INJURY OCCURRED ite At At Wark  he deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR	No) 208, IF YES, WERIN CERTIFYING C	AUSES OF DEATH?  DIE City, give exect lecotion)
MEDICAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF CONTRIBL DEATH (notify (APPROX.)  21 D. TIME OF INJURY (APPROX.)	FICANT CONDITION I SEATH BUT NOT RELCONDITION CAUSING OPERATION 198. CO WAS PE WAS PE CONDITION (Month) (Doy) (Your that (I) (this hospital from the couses stated of the couses stated of the couses stated of the couses stated of the couses stated open in the couse stated open in the couses stated open in the couse stated open i	CONTRIBUTING ATED TO TH IT. NOMITION FOR V REFORMED 218. hom otc.) (Hour) 21E. Whi worl) of) oftended the	WHICH OPERATION  PLACE OF INJURY (e.g., o., form, foctory, street, o.)  INJURY OCCURRED ite At At Wark  he deceased from	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR	No) 208, IF YES, WERIN CERTIFYING C	AUSES OF DEATH?  DIE City, give exect locotion)  2 -/0 - 19 6  plnion deoth occurred on the
MEDICAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (Mac) and hour one	FICANT CONDITION I SEATH BUT NOT RELCONDITION CAUSING OPERATION 198. CO WAS PE WAS PE CONDITION (Month) (Doy) (Your that (I) (this hospital from the couses stated of the couses stated of the couses stated of the couses stated of the couses stated open in the couse stated open in the couses stated open in the couse stated open i	CONTRIBUTING ATED TO TH IT. NOMITION FOR V REFORMED 218. hom otc.) (Hour) 21E. Whi worl) of) oftended the	WHICH OPERATION  PLACE OF INJURY (e.g., to, form, foctory, stroet, to)  INJURY OCCURRED  All Wars  The deceased from	20A. AUTOPSY? (Yes or NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR.  21F. HOW DID it ond or ond or ond or ond or or ond or	No) 208, IF YES, WERI IN CERTIFYING C  (If in Boltime  (If in	AUSES OF DEATH?  DIE City, give exect locotion)  2 -/ 0 - 19 Collision death occurred on the c
MEDICAL CERTIFICA	OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (nofity 21D. TIME OF INJURY (APPROX.)  22. 1 certify that (I) (was ond hour ond 23A. SIGNATI	FICANT CONDITION I SEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PE NT WAS UNDERLYING (Manth) (Doy) (Your that (I) (this hospital from the couses stated)	CONTRIBUTING ATED TO TH IT. NOMITION FOR V REFORMED 218. hom otc.) (Hour) 21E. Whi worl) of) oftended the	WHICH OPERATION  PLACE OF INJURY (e.g., to, form, foctory, stroet, to)  INJURY OCCURRED  All Wars  The deceased from	20A. AUTOPSY? (Yos or NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR.)  21F. HOW DID ond view the body ofter decitoring Mod. Director	No) 208, IF YES, WERIN CERTIFYING C	AUSES OF DEATH?  DIE City, give exect locotion)  2 -/0 - 19 6  plnion deoth occurred on the
MEDICAL CERTIFICA	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (Mac) and hour one	FICANT CONDITION I SEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PE NT WAS UNDERLYING UTING CAUSE OF medicol examinar  (Manth) (Doy) (Your that (I) (this hospital lost sow the decease of from the couses state  (NTS)	CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED  ACC  ACC  ACC  (Hour) 21E.  Whi  word  otel above. (1)  ACC  (Hour) 21E.  Whi  col ottended the sed olive on	WHICH OPERATION  PLACE OF INJURY (e.g., lo, form, factory, stroet, lo, form, factory, lo, fac	20A. AUTOPSY? (Yos or NO in or obout 21 C. WHERE DID office bldg., INJURY OCCUR.  21 F. HOW DID it ond offer death of the body offer death of the body of the body of the death of the body of the	No) 208, IF YES, WERI IN CERTIFYING C  (If in Boltime  (If in	Tore City, give exect locotion)  2 -/O - 19 6  plinion deoth occurred on the local place 12-1966
MEDICAL CERTIFICA	UNDERLYING  OTHER SIGNI TO THE D  DISEASE OR  19A-DATE OF  21A. ACCIDE OR CONTRIBL DEATH (notify  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (was) ond hour one 23A. SISNATUR  23C. PHYSICIA NAME (I)	FICANT CONDITION I SEATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PE  NT WAS UNDERLYING UTING CAUSE OF medicol oxomina)  (Manth) (Doy) (Your that (I) (this hospital lost sow the decease d from the couses struck  Benjam	CONTRIBUTING ATED TO TH IT. NOMINON FOR V RFORMED  218. hom otc.)  (Hour) 21E. Whi woil  otl) ottended the sed olive on oted above. (1	WHICH OPERATION	20A. AUTOPSY? (Yos or NO ) in or obout 21C. WHERE DID office bldg., INJURY OCCUR  21F. HOW DID illow ond view the body ofter decitoning Mod. Director 23D. ADDRESS	No) 208. IF YES, WERIN CERTIFYING C  (If in Boltimo  (If in Boltimo  that in (my) (out) of  Phys.   Avenue, Bal	auses of Death?  Dece 12-1966  timore, Md. 2122
MEDICAL CERTIFICA	UNDERLYING  OTHER SIGNI TO THE D  DISEASE OR  19A-DATE OF  21A. ACCIDE OR CONTRIBL DEATH (notify  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (was) ond hour one 23A. SIGNATI	FICANT CONDITION I SEATH BUT NOT RELECTION OF THE CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION (WAS PENT WAS UNDERLYING CAUSE OF Medicol examinar)  That (I) (this hospital control of the couses state of the couse of the couses state of the couse of the cou	CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED  218. hom otc.)  (Hour)  21E. Whi Wor  otel above. (I	WHICH OPERATION  PLACE OF INJURY (e.g., lo, form, factory, stroet, lo, form, factory, lo, fac	20A. AUTOPSY? (Yos or NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR  21F. HOW DID ilo 19 6 ond view the body ofter deof tonding Mod. Director 23D. ADDRESS 448 No Luzerne	No) 208, IF YES, WERI IN CERTIFYING C  (If in Boltime  (If in	Tore City, give exect locotion)  2 -/O - 19 6  plinion deoth occurred on the local place 12-1966

Minimum and the region entoling 11 2000 500 . To the arm the same and the s 

66 12462

the of death Deceased IMPORTAN FUNERAL DIRECTOR:

BIRTH NO.

M.E. CASE NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2, DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 21222 If Under 1 Yi. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 4.5. A ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (our) apinian death occurred on the date 23B, DATE SIGNED Charlottesville, Virginia

Dundalk, Maryland 21222

STORE IN COURT, TRAINING, TA ...

Such

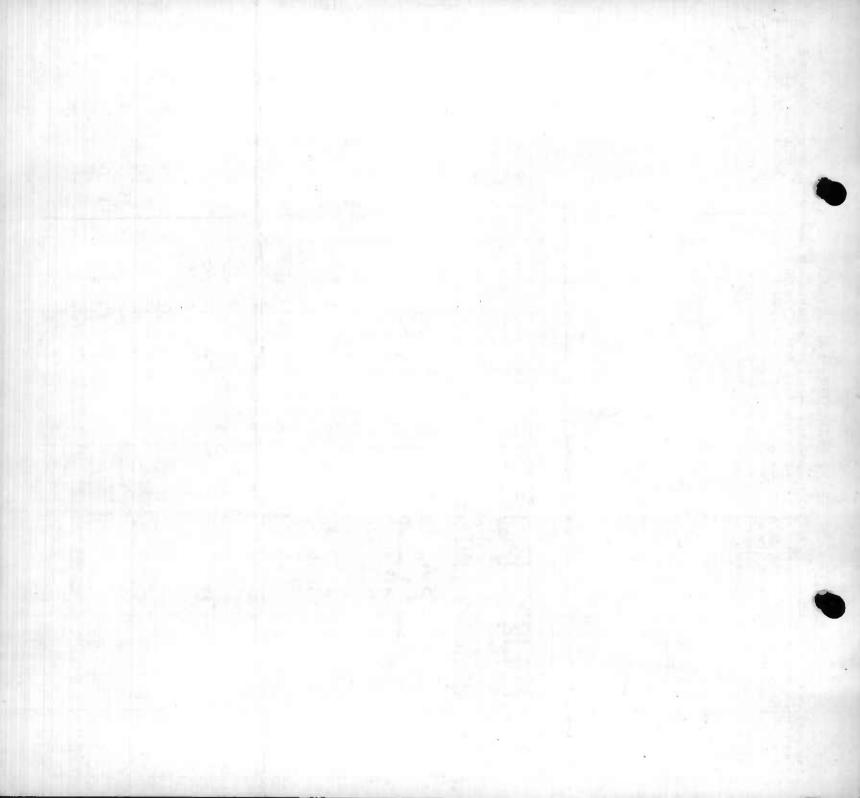
of death

	BALTIMORE CITY I	HEALTH DEPARTMENT		00 10101
BIRTH NO. 66 12464	CERTIFICA1	E OF DEATH	Registered Na	66 12464
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)	1	2. DATE AN	D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	aunders	4. USUAL RESIDENCE (When	e deceased lived. If institu	ution: residence before odmission
		A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or tocotion) INSTITUTION	n, give street	1.00	side city limits, write RUR	AL one give township)
44		Baltin	ore	11-41
Union Memor	10/ 4050	D. STREET ADDRESS (IF	rurol, give location)	11-1-
5. SEX   6. RACE   7. MARRI	ED, NEVER MARRIED		9. AGE (In years	Under 1 Yr. , If Under 24 Hrs
F WIDOW	Med, DIVORCED (specify)	8-13-18	lost birthdoyl N	Nonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND fone during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?
Housewife		Maryla	nd	USA
3. FATHERS NAME H. Meyers, SI		4. MOTHER'S MANDEN NAM	AE /	
Swar Paceaged Everin II & Amed Edge?		May KI	el	ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or does of service)	SECURITY NO.	7. INFORMANT	0	ADDRESS
No	215-10-7642 CAUSE OF	Ar James S	au noted 3	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	./ ./	ONSET AND DEATH
LEADING TO DEATH	in Rh	eumatic	Heart	
(This does not mean the mode of dying, e. heart failure, asthenio, etc. It meons the disea				
injury or complication which coused death.)	/P)	Dis	2082	
ANTECEDENT CAUSES	DUE TO		88880 m4 88 888 88880 9 x hmu cohoo m4 880 m4 m	
DISEASES OR CONDITIONS, if ony, givinise to the obove cause (A) sloting (		<b>3300 3</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
UF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	White At Not While At Work			
22. I certify that (His hospital) attende	d the deceased fram	1-9-	966.10	2-11-1966
that (1) (we)-last saw the deceased alive a	n 12-11			n death accurred on the do
and haur and from the causes stated abave	. (1) (W6) (dld) (did fat) vie	ew the body after death.		
23A. SIGNATURE	M.D. Atten	ding Med.		B. DATE SIGNED
23C. PHYSICIAN'S	till - Phys.	Director	Stoff Phys.	12-11-66
NAME (Type) MIRION R COHI			MEMORIAL HO	OSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CREA			town, or county) (State)
REMOVAL (Specify)	ake View Memoria	- 100	dlestown, Md.	
	E OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
DEC 13 1300 Polses	b. E, stallegers	Seitz Funera	eitz 5209 Yo 1 Home Balto	rk Rd.

21212

Elementer History

66 12465	BALTIMORE CITY	HEALTH DEPARTMENT	1	CC 10405	
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 12463	
NAME OF DECEASED	BIL BRIDE		12-66	10:35 4	
PLACE OF DEATH IN BALTIMORE, MARYLAND			re deceased lived. If in	stitution: residence before admissi	
FULL NAME OF (If not in hospital or institution, give street			and	Balto. s	
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN of outside city limits, write RURAL and give township)				
2/ A M	an a		rurol, give Jocotion)	33-00	
antheran Dosputal of	lavyland	war/	ax field	Rd.	
· SEX Male 6. RACE 17. MAR WIDE	RIED, NEVER MARRIED OWERS DIVORCED (specify)	8. DATE OF BIRTH 2-15-99	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 I Months Doys Hours Min	
OA. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
one during most of working life, even if refired)	1 of Education	PENN		V. S.P.	
3. FATHER'S NAME	CO A CALCALION	14. MOTHER'S MAIDEN NA	ME		
Michael Gilbride		Mary Ellen	Gallagi	her	
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL	17. INFORMANT	1	ADDRESS	
No	206-10-1022	Luthern Hos	oitel Rena	vde	
18. / 4 / 8	CAUSE O	OF DEATH	PITE / CCCV	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY	0	1 1		ONSET AND DEATH	
LEADING TO DEATH	(A) Carc	inque of I	amach.	/	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc					
injury or complication which coused death.)		V			
ANTECEDENT CAUSES	DUE TO		*******************************		
DISEASES OR CONDITIONS, if ony, gi					
UNDERLYING CONDITION lost.	the (C)		••••••••••••		
П					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimor	e City, give exact location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	th in sommer	e city, give exact toconom	
U	21 E. INJURY OCCURRED	21F. HOW DID INJ	IIBY OCCUP?		
S OF INJURY	While At Not Whi		OKI OCCOK:		
(APPROX.)	Work At Work			10 10 1	
22. I certify that (I) (this haspital) attend	10	0-2/	19 66 10	12 - 12 19 6	
that (I) (we) last saw the deceased alive	on 12-12	19 <u>06</u> and th	at in(my) (aur) apl	nian death accurred on the	
and hour and from the couses stoted obay	ve. (I) (We) (dtd) (dld not)	view the body after death.			
23A. SIGNATURE	1 1			23B, DATE SIGNED	
ducas C. Will	y aplum M.D. Att	ending Med.	Stoff Phy s.		
23C. PHYSICIAN'S	/ /	23D. ADDRESS	1117 3./		
NAME (Type)	YYAPHUM M.D.				
20073 0.		EMATORY 1015	OCATION 16	(f. )	
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	4C. NAME of CEMETERY of CR	LEMATORY 24D. L	OCATION (C	ity, town, or county) (Stot	
Burial 13/10/66	rathedral fr in	reter 80	ranter 1	Tim	
25A. DATE REC'D BY HEALTH DEPTORS 258 NA		25C. FUNERAL DIRECTOR		ADDRESS	
220 - 2 1000 000	best E. sc. while	Impluse be	13281	whelm for Sil.	
VS 150-REV. 1/1/65				1	



Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S December 4, 1966 NAME (Type) 23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 12-10-66 Bristol Buriel Moses 24A. DATE REC'D BY HEALTH DEPT 24C. FUNERAL DIRECTOR ADDRESS 24B NAME OF REGISTRAR

VS 151-REV. 1/1/65

5-160

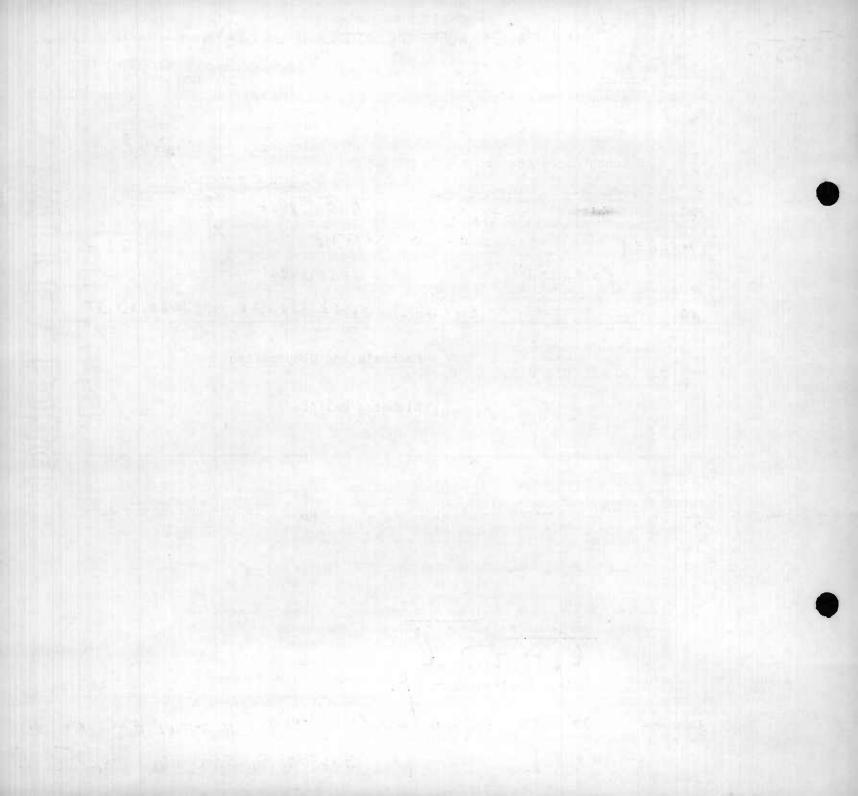
Annapolis.Md

C.E. Hicks.lll

The state of the s Printed to refigue en galler rees | 1 and a the state of the second ESEON 00-01-01 Tel-03 

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 12467

BIRTH NO.	MEDI	CALEX	AMINER 3 C	EKTIFICA	TE OF	DEATH Registe	red No.1	4 640
M.E. CASE NO.	4650				DATE AN	D HOUR BRONOUNG	ED DEAD	
1. NAME OF DECEASED (Type or Print)  OFFINANT				2. DATE AND HOUR PRONOUNCED DEAD				
	ELVIN MORE MARYLAND, W		EEMAN INCED DEAD	14. USUAL RES	Decen	ber 4, 1966 deceosed lived. If inst	titution: resid	4:40 P
or tange in one in				A. STATE	rvland	B. COU	YNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
INSTITUTION				В	altimore	. 19	7-02	
A 8	South Carey	Street			DRESS (If rurol		-	
00				8	South (	Carey Street		
5. SEX 6	. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BI	RTH	9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Doys   Hours   M
Male	White	MARK		9-20	- 1906	60		
		OB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or forei	gn country)	12. CITIZE	EN OF T COUNTRY?
HELPE	orking life, even if retired)	LABEL	ING CO	MI	).		21	.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
SEENIAN				UNKOWEN				
	EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS	
NO			213-14-3215	EVAL	SEEMA	+N 1400 Hol	-LINS	57
18.	5 X .			OF DEATH				INTERVAL BETWE
DISEASE	OR CONDITION DI	RECTLY						ONSET AND DEA
	LEADING TO DEATH		(A) Cache	xia and	Dehydrat	ion		
heart failure,	of meon the mode of osthenio, etc. It meons	the diseose.	DUE TO					
mighty of comp	plication which coused	deoill.						
	R CONDITIONS, IF A		(D)	etes Mell	itus			
RISE TO THE	ABOVE CAUSE (A) S'	TATING THE	DUE TO					
	G CONDITION LAST.		(C)					
2	11							
	FICANT CONDITIONS							1.1
DISEASE OR	CONDITION CAUSING	FIT.						***************************************
19A. DATE OF	OPERATION 19B, CON WAS PER		WHICH OPERATION	20A. AUTOR	NO NO	10 CERTIFYING CAU		
ZIA. EXTERNAL	CAUSE WAS	910	PLACE OF INJURY (e.g.,	in or about 21 C		(If in Boltimore City of	ive exact le	ocation)
UNDERLYING CAUS	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJL	RY OCCUR?	the monimore only, g	IVE EXOCI IO	CONONY
2	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?		
OF INJURY	trionin (Doy) (100	.,	WHILE AT INOT	WHILE				
22.		m. \	VORK L AT V	VORK				
I certi	fy that I held on 1	nquiry 🗌	Inspection X Au	topsy	and that on th	is bosis, deoth in	my opinio	n
resulte	ed from: Notural co	uses X	Accident Suici			Undetermined monn	er	
	K/A/	1 9	- //			XAMINER _		DATE SIGNE
ACTUAL SIGNATU	RE IV	ruru	while M.	. ASSISTANT	MEDICAL E	XAMINER X		
EXAMINE NAME (T	R'S Pudian	Breite	necker, M/D.	ASSOCIATE	MEDICAL E	XAMINER		12/5/66
23A, BURIAL CREM REMOVAL (Specify)		11	C. NAME OF CEMETERY				y, town, or i	
BURIAL	12-13-	66 G	LENHAVEN	/ CEME	TERY RI	TCHIE-HW	Y A.A	COUNTY
24A. DATE REC'D E	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUN	ERAL DIRECTO	R	-	DDRESS
n.	2201 4 1000	DO 6	E. Fal no	11/A)	TERSE	TCHIE-HW R UNERALHO	OME !	THILLER
VS 151-REV. 1/1/6		VISK D	المار محال المار	IN /IF	101016	1112111-11	3	MICKENS
4 2 1 21 - KE V. 1/ 1/0	-			100	F	-		



etaeti takinin jet ilikilish

11.31.4 7 .

The same of the

, also the time to the the the

USA, YALL HERE 13 771

or Lenterto

	00 1-100	BALTIMORE CITY	HEALTH DEPARTMENT		00 -00
BIRTH NO.	66 12469	CERTIFICA	TE OF DEATH	Registered No.	00 12469
M.E. CASE NO 1. NAME OF I (Type or Print)	DECEASED 2011	TT	2. DATE AN	D HOUR OF DEATH	C. O.C.
	DEATH IN BALTIMORE MARYLANI	n Ji Tacy	TA HEHAL SECIDENCE (When	2/11/661	ution: residence before odmission
, TEACE OF	DEATH IN BALLIMORS, MARIEAN	J	A. STATE B. COUNT	TY	. = 0
HOSPITAL	OR oddress or location)	tution, give street	C. CITY OR TOWN Uf out	side city limits/write RUR	TIMORE COI
INSTITUTION			(Ballio	NA 11, 7 38	1. 53-00
may	sland Gloreral &	tospital	D. STREET ADDRESS (If I	warsha	DE RO
· SEX	6. RACE 7. MA	RRIED, NEVER MARRIED		o. AGE (In years I	Under 1 Yr. If Under 24 Hrs
MAL	E WHITE CCUPATION (Give kind of work 10B, K)	MARRIED	3/30/00.	66	
	of working life, even if retired)	LABORER	11. BIRTHPLACE (Stote or foreign	OTTENSUILLE	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S	NAME		14. MOTHER'S MAIDEN NAM	AE .	
jac	and Tacy		heronce &	Lebson	
es no or unkn	own) (If yes, give wor or oftes of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Than 188	1 MARSHALL RD
NO		236-12-4159	HATCHIE M	HCY BA	LTO, 21222, MD
18. 4	20.01	CAUSE O	F DEATH	1 1/200	ONSET AND DEATH
DIZ	EASE OR CONDITION DIRECTLY LEADING TO DEATH		KRIOSCIERO	110 100 MC	DISCASE
	s not mean the made of dying,		**************************************		• • • • • • • • • • • • • • • • • • •
	ote, osthenia, etc. It means the di complication which coused death.				
	ANTECEDENT CAUSES	(B)			
	OR CONDITIONS, if any,	giving			
	the abave cause (A) stating	) lhe (C)	W WASHING TO SELECT ON THE SELECT OF	98 98 7 98 x x x x x x x x x x x x x x x x x 0 0 0 0 0 x 0	
	II II				
E TO THE	GNIFICANT CONDITIONS CONTRIL				
	OR CONDITION CAUSING IT.  OF OPERATION 198, CONDITION	FOR WHICH OPERATION	20 A. ALITOPSY2 (Yes or No.)	20R IE VEC WERE EIN	DINGS CONSIDERED
19A. DATE	WAS PERFORME		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	S OF DEATH?
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF offy medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II in Boltimore C	ty, give exact location)
21 D. TIME	(Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJUR		While At Not While At Work	e		
22. I cert	tify that (1) (this hospital) atter		9/2,	9 6610 12	11/1 19/56
	we) lost saw the deceased aliv	A -	19 6/ ond the	at in (my) (aur) aplnio	n death occurred on the dat
				(), (,	400111 00001104 011 1110 401
ond hour		ove. (1) (We) (did) (did nat) v	iew the bady ofter death.		
ond hour 23A. SIGN.	ond from the couses stoted obo	ove. (1) (We) (did) (did nat) v	iew the bady ofter death.		B. DATE SIGNED
	ond from the couses stoted obo		lew the bady offer death.	23	
23A. SIGN.	ond from the couses stoted obo ATURE LLLLLCLLLLCLLLCLLCLLCLLCLLCLLCLLCLLCLLC	A.D. Atte	lew the bady offer death.	23	
23A. SIGN. 23C. PHYSI	ond from the couses stoted obcature	A.D. Atte	ending Med. Director	23	
23A. SIGN. 23C. PHYSI NAM	ond from the couses stoted obc  ATURE  LILLIANS  E(Type)  M/E(Type)  CREMATION, 124B, DATE	M.D. Atte	inding Med. Signature Director 23D. ADDRESS 22 ( 2	Stoff Days. Degester au	
23A. SIGN. 23C. PHYSI NAM 24A. BURIAL REMOVA	ond from the couses stoted obc  ATURE  LULLANS E (Type)  CREMATION, 24B. DATE  AL (Specify)  12-14-66	M.D. Atte Phy  VSC2 M.D.  24C. NAME of CEMETERY OF CRE  TACY HOME	inding Med. Director 23D. ADDRESS  MATORY 24D. LC	Stoff Days. Degester au	B. DATE SIGNED  12/11/6  10wn, or county) (Stote)
23A. SIGN. 23C. PHYSI NAM 24A. BURIAL REMOVA	ond from the couses stoted obc  ATURE  LULLANS E (Type)  CREMATION, 24B. DATE  AL (Specify)  12-14-66	M.D. Atte Phy  VSC2 M.D.  24C. NAME of CEMETERY OF CRE  TACY HOME	inding Med. Director 23D. ADDRESS  MATORY 24D. LC	Stoff Phys. D  Column (City.  TTENSVILL	town, or county) (Stote)
23A. SIGN. 23C. PHYSI NAM 24A. BURIAL REMOVA	ond from the couses stoted obcaTURE  CIAN'S E (Type)  MI C M 12-E  CREMATION, 24B. DATE  AL (Specify)  AL 12-14-66  C'D BY HEALTH DEPT. 25B. N  DFC 14 1966	M.D. Atte	matory 24D. LC	Stoff Phys. D  Calculation (City,  TTENSVILL  9015, C	B. DATE SIGNED  12/11/6  10wn, or county) (Stote)

The state of the s

VS 150-REV. 1/1/65

M.E.	No. 66 124	70		HEALTH DEPARTMENT	Registered Na.	66 12470
	CASE NO. ME OF DECEASED	• 0	CERTIFICA	TE OF DEATH	D HOUR OF DEATH	
	Ph 1 43	HOOLS.	EVELYN MILDRE		MBER 12,	1966
FU	ACE OF DEATH IN BALTIMORI ILL NAME OF (If not in ho OSPITAL OR oddress or I	spitol or instituti	on, give street	A. STATE B. COUNTAL STA	e deceased lived, If in	astitution: residence before odmissio
				104 FRANKLIN	AVE.	
S. SE	FEMALE WHITE		WED DIVORCED (specify)	8. DATE OF BIRTH 3-13-17	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	JSUAL OCCUPATION (Give kind during most of working life, even if re HOUSEW IF E		ONE	VIRGINIA	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FA	HENRY GREEN	STREET		14. MOTHER'S MAIDEN NAM ANNA BELL M		
5. W	os Deceased Ever in U. S. Armino or unknown) (If yes, give wor c	ed Forces? or dotes of servi	security No.	17. INFORMANT		ADDRESS
	NONE NONE		CAUSE O	ST. AGNES HO	SPITAL RE	CORDS INTERVAL BETWEEN
NOI	ANTECEDENT CA DISEASES OR CONDITIONS, ise to the obove cause JNDERLYING CONDITION to DITHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	(A) slating st.	(B) DUE TO ring the (C)	astatic Canà Brusst, wide		
	PA. DATE OF OPERATION 198.		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
_ 0	TA. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE OF CAUSE O		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
AEDI O	1D. TIME (Month) (Doy) DF INJURY APPROX.)	(Yeor) (Hour)	21E INJURY OCCURRED  While At  Not While  At Work	21F. HOW DID INJU	URY OCCUR?	
+1	2. I certify that (I) (this has hat (I) (we) last saw the de- and haur and from the causes 3A. SIGNATARE	ceased alive	DECEMBER 1 e. (1) (We) (did) (did not) v	2 19 66 and the		CEMBER 12 19 66 Inian death accurred on the do
	3C. PHYSICIAN'S NAME (TYPERTS	e ov ri		23D. ADDRESS		21229

THE THE ITE 

66 12471	BALTIMORE CITY	HEALTH DEPARTMENT	1/	0.00
BIRTH NO.	CERTIFICAT	TE OF DEATH	Registered No	66 12471
M.E. CASE NO.  1. NAME OF DECEASED TO A	CERTITOA		D HOUR OF DEATH	
(Type or Print)	ch		10-1966	1
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	<u> </u>			stitution: residence before odmission
Trade of Brain in Brainweig Manualis		A. STATE B. COUN	TY	n 10
FULL NAME OF (If not in hospital or institution,	give street			c. #34/3als.
HOSPITAL OR oddress or location) INSTITUTION		- 11 -	side city limits, write R	URAL ond give township)
Ashburten House	220	Dolg C	7	33.00
3520 Hilden Rd	Teld Ishul		rurol, give location)	
22 CO 144 1441 1/7	125 141 17 10	3015 Laver	der Avenue	27.221.
	D, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Tr. If Under 24 Hi Months Doys Hours Min.
	Dorcel	9/1/1887	79	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND O		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)		R.11 C		
housewife Scho	al CAGATERIA	4. MOTHER'S MAIDEN NA	AF	USA
		1 1		
John Fitzell		Lydia	kraulc.	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown](If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
No	220-1289-8	Mice Evelyn	Trmoh 2015 1	Lavender Avenue
118. 24 9 0 0 1	CAUSE OF		TAUGH JOTA 1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	4. (		1. 1	ONSET AND DEATH
LEADING TO DEATH	Ox	teriscleral	10 - 60 10	1 9 man to
(This does not mean the mode of dying, e.g.		with the second	}	
heart failure, asthenio, etc. It means the disease injury or complication which caused death.)	,	a	islase	
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if any, giving				
UNDERLYING CONDITION Iosi.		. 844. 80 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	o + + o o o o o o o o o o o o + + + + +	
II III				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION CAUSING IT.				
19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
ERT C		100		
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in me, form, foctory, street, offi	or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
DEATH (notify medical examiner)				
21 D. TIME (Month) (Doy) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	hile At Not While			
nurry house "	ork At Work		4.4	
22. I certify that (1) (this haspital) attended	/	1. /	19 (6 to 12-	
that (1) (we) last saw the deceosed alive on.	12/.10	19 6 6 ond th	ot in(my) (our) apir	nion deoth occurred an the d
and hour and from the couses stated above.	(I) (We) (did) ( <del>did_nat)</del> vi	ew the body ofter death.		
23A. SHENATURE				23 B. DATE SIGNED
Palo Ma. (Rollo	M.D. Atten	Med. Director	Stoff Phys.	12/10/66
23C, PHISICIAN'S		3D. ADDRESS	11173.	1.00
THE (Type) + 1 P	TEIL M.D.	601 CA.	D 1.	Ball- 3
Koteri M. Ne		oub comes	despelle	, vacro -
24A. BURIAL CREMATION, 24B. DATE 24C.N	TAME OF CEMETERY OF CREA	MATORY 24D. L		ly, town, or county) (State)
	ore law hen	urial Ceneta	Taylor Ave	. Batto G hJ.
16-16-00-1	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS AL
DEC 1 4 1966 (2.0.6)	E 700 MA	Lassah	Funeral	Horse related
VS 150-REV. 1/1/65	C, Tolling			4-1-1-1

Elang of the proofs 12/10/64

IMPORTANT

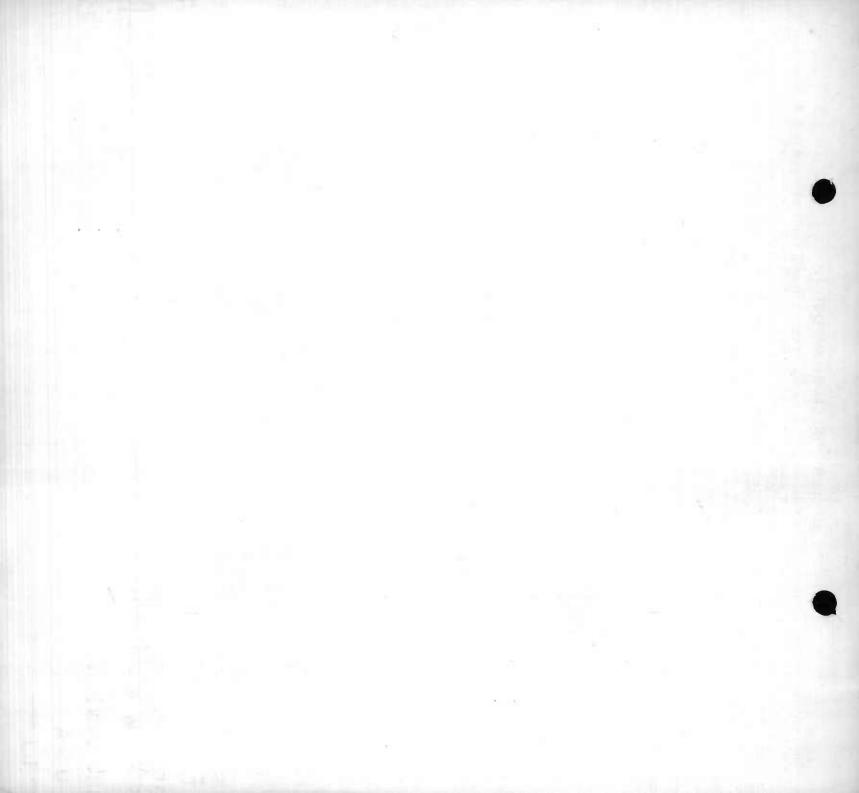
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

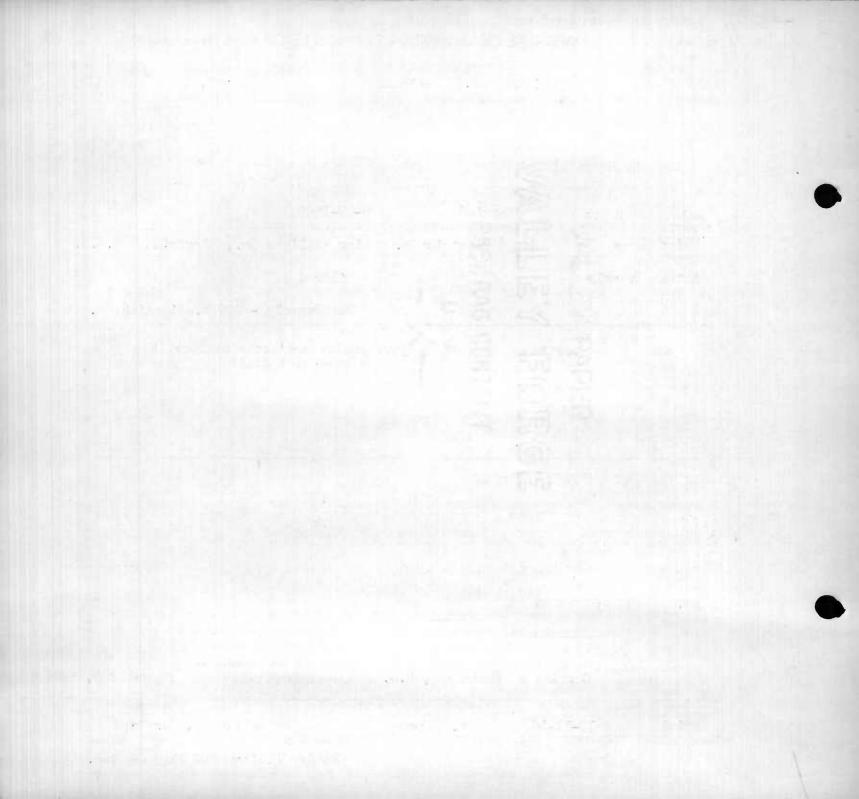
Manufacture Control of the Control o

, -------

ALTERIATE STATES



*	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	CUTDING N DEVICE	)T V		HOUR PRONOUNCE		11.50 4	
	3. PLACE IN SALTIMORE, MARYLAN	SHIRLEY N. BEVE	4. USUAL RESID	ENCE (Where do	er 9, 1966	tution: reside	11:50 A. M. ence before odmission	
	FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR INSTITUTION	DSPITAL OR INSTITUTION, GIVE STREET LOCATION)	1	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	Hopkins Hospita	D. STREET ADDRESS (If rurol, give locotion)						
	5. SEX   6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRT		ord Avenue	If Under	1 Yr. If Under 24 Hrs.	
	Male Negro	Married (specify)	9-17-190	00	9. AGE (In years lost birthday) 66	Months	Doys Hours Min.	
	done during most of working life, even if ret Maintenance	Gas & Electric Co.	King Wil	liams Co	., Virgini	12. CITIZEI WHAT	COUNTRY?	
	Nathan Beverly	Mildre						
	15. WAS DECEASED EVER IN U.S. AF (Yes, no or unknown) (If yes, give wor or NO		Nat Be	verly -	200 N. Als	address quit	St.	
	DISEASE OR CONDITION LEADING TO DI (This does not mean the mode heart failure, asthenia, etc. It in injury or complication which contained the second	N DIRECTLY Hy EATH  de of dying, e.g., means the disease, used death.)  AUSES	JSE OF DEATH Dertensive a cardiovascu				INTERVAL BETWEEN ONSET AND DEATH	
	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION L  UNDERLYING CONDITION L  OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NO DISEASE OR CONDITION CAU	IONS CONTRIBUTING T RELATED TO THE USING IT.						
	WAS	CONDITION FOR WHICH OPERATION S PERFORMED	No	IN	B. IF YES, WERE FIN CERTIFYING CAUS	SES OF DEA	ATH?	
	Q 17A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e home, form, factory, stree elc.)	g., in or about 21 C. V t, office bldg., INJURY	OCCUR?	in Baltimare City, giv	ve axact lac	ofion)	
	21D TIME (Month) (Doy) OF INJURY (APPROX.)	(Yeor) (Hour) 21E, INJURY OCCURR WHILE AT NOW WORK	DT WHILE	OW DID INJURY	OCCUR?			
	NAME (Type)	In Inquiry Inspection X  Accident Sui	Autapsy and and cide Hamici CHIEF M	de Und EDICAL EXA	MINER X	er 🗌	DATE SIGNED	
	23A, BURIAL CREMATION, REMOVAL (Specify) Burial  24A. DATE REC'D BY HEALTH DEPT.	4-66 Mt. Calvar	y	23D. LOC Bal	timore, Ma			
	174-2	RS O 7 P 8		es R. La	400 16 1	ison !		



VS 150-REV, 1/1/65

IMPORTANT

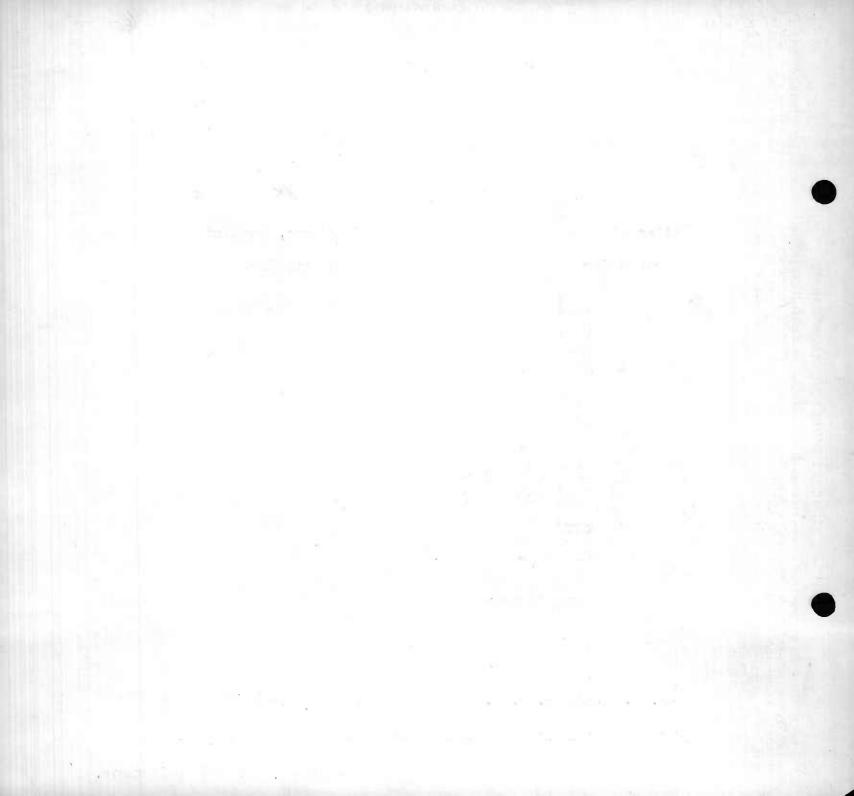
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased fived. If institution: residence outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY ADDRESS Lillian H. Bell - 3407 Dolfield Ave. INTERVAL BETWEEN ONSET AND DEATH terroscler C. V. Disea 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, or county)

ADDRESS

The same of the same of the same Belge and Address and a

00 30	BALTIMO	ORE CITY HEALTH DEPARTMEN	VT .	11
BIRTH NO. 66 12	4 /6 CEPT	IFICATE OF DEAT	Registered Na.	1
M.E. CASE NO.	CLKI	IIICATE OF DEAT	66	1 124 (6)
NAME OF DECEASED		2. DA	TE AND HOUR OF DEATH	
(Type or Print)	POA PR	TIOD 1	2 - 0 - (al	
3. PLACE OF DEATH IN BALTIMORE		TIER DESIDENCE	(Where desperad lived If is	stitution: residence before admis
S. FEACE OF BEATH IN BALTIMORE	MARIEAND	A. STATE B.	COUNTY	istitution: residence before damss
		ma	20.1/11/1	
FULL NAME OF (II not in hos HOSPITAL OR oddress or lo	pital or institution, give street	1111	ICY IHNO	
INSTITUTION	20110111	C. CITY OR TOWN	(If outside city limits, write	RURAL and give township)
~		13911	mopo	13-01
Thol) & KelAND NU	RSING - CONVALUSCE	Home D. STREET ADDRESS	(If rural, give lacation)	
95		21/10 0	11	1 49
70		77/9/11	Adison HI	<i>V &amp;</i>
5. SEX 6. RACE	7. MARRIED, NEVER MARRIE		9. AGE (In years	Months Doys Hours M
m N	WIDOWED, DIVORCED (s	9-29-88	lost birthdoy)	Months Doys Hours M.
///	MARRIEN		1 / 0	
OA. USUAL OCCUPATION (Give kind o		INDUSTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if ret	ired)			WHAT COUNTRY:
Waiter		Baltimore,	Maryland	05
3. FATHERS NAME		14. MOTHERS MAIDEN	NAME	
Coomes D.Al.		87	T	
George Butler		Alverta :	ines	
5. Was Deceased Ever in U. S. Arme	d Forces? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor o	dates of service) SECURITY I	NO.		
L No.		MArder:0	L. BUTLODIN'S	a) SAMO
18. 1 63 63	(	CAUSE OF DEATH	9 7 7 7 7 7 7	INTERVAL BETWEEN
122				ONSET AND DEATH
DISEASE OR CONDITION		01 '0 =	A 01 1	
LEADING TO DE	ATH (A)	arlenoschero	helardie -	
This does not meon the mod		JE TO	1/ose In	
heart failure, asthenia, etc. It m		E TO	die	
injury of complication which co	used deom.	Parking and		
ANTECEDENT CA	USES (B)	I TO		
DISEASES OR CONDITIONS,	il ony giving			
rise to the obove couse			****	
UNDERLYING CONDITION los				
Z OTHER SIGNIFICANT CONDITION				
OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS				
19A. DATE OF OPERATION 198.	CONDITION FOR WHICH OPERAT	ION 20A. AUTOPSY? (Yes	or No) 208. IF YES, WERE	FINDINGS CONSIDERED
	PERFORMED		IN CERTIFYING CA	USES OF DEATH?
m O	lere -			
OR CONTRIBUTING CAUSE OF	Page form factory	URY leage, in or about 21 C. WHERE I street, office bldg., INJURY OCCI	UR?	e City, give exact lacation)
T DEATH (notify medical examiner)	etc.)	sacon once orage, majori occi		
U				
21D. TIME (Month) (Doy) (	Year) (Hour) 21 E. INJURY OCCU	RRED 21F. HOW DI	ID INJURY OCCUR?	
OF INJURY	While At	Not While		
(AFROM)	Work	At Work		
22. I certify that (1) (this has	pital) attended the deceased f	Fom	19 to	10
The second secon				
that (I) (we) lost saw the dec	eased alive on	19	and that in (my) (our) ap	inion deoth accurred an the
and have and from the causes	stated obove. (1) (We) (did) (a	tid not) view the hady often de	anth	
			vwiii t	TOOR DATE SIGNIFF
23A. SIGNATURE	H 11. 11			23B. DATE SIGNED
sec. o. sme	M/ Jufferes	M.D. Attending Med. Director	Stoff Phys.	
22C BHYSICIANS	1		гпуз	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	12main = 0 A	-7 t TY
	Dr. T. W. Harris	M.D. Dukeland N	lursing & Conv	alescent Home
			keland Street	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETI	ERT OF CREMATORY	24D. LOCATION (C	ily, town, or county) (Sto
	3-66 Carver Mem	and all Davids	T	
		orial Park	Laurel, Mary	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIR	ECIOR	ADDRESS
220 4 4 4000	10 0 h & Santas	Charles R.	Tou 802 Med	ison Ave.
NE 150 150 150 150 150 150 150 150 150 150	The state of the s	onar res r.	. Law ouz Mad:	TOOM RAC
VS 150-REV. 1/1/465				



RGB

VS 150-REV. 1/1/65

same and the same and 

(wi moguet about in mount

BALTIMORE CITY HEALTH DEPARTMENT 66 12478 Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH Ann Williams (Arv Annie Thompson) December 12, 1966 4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission)
A. STATE 8. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL ofd give township Baltimore (If rural, give location) 822 N. Carrollton Avenue 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. last birthday Hours 87 10-27-79 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Boring Balto. Co., Md. U.S.A. 4. MOTHER'S MAIDEN NAME Sarah Ann Mevers 17. INFORMANT ADDRESS Mrs. E. Cornelia Gregory 1415 N. Longwood St-CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Bilateral bronchopneumonia Pulmonary edema, right lung 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? 22. I certify that (1) (this haspital) attended the deceased from December 9, 1966.19 to December 11. 19 66. that (1) (we) last saw the deceased alive an December 11. 19 66 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23B, DATE SIGNED Med. Stoff Phys. X December 12,1966 23D. ADDRESS M.D. 1514 Division Street-Baltimore, Maryland 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION Hereford, Maryland 25C. FUNERAL DIRECTOR Marshall W. Jones, Jr. 1735 Harford Ave. VS 150-REV, 1/1/65.

FIGURE AND THE RESIDENCE

100.0

JUNE LOSS INSTANCED THEN

and many

4.450.000.00

Level on License Level Co.

the lit years of the little

ries a redesire

the same of the sa

,

12-13-56 St. bast = Cenetary large co., Parving

presided to Jones, Jr. 1705 Bardook Ave.

- D

i primpi

The state of the s

year agreement her old

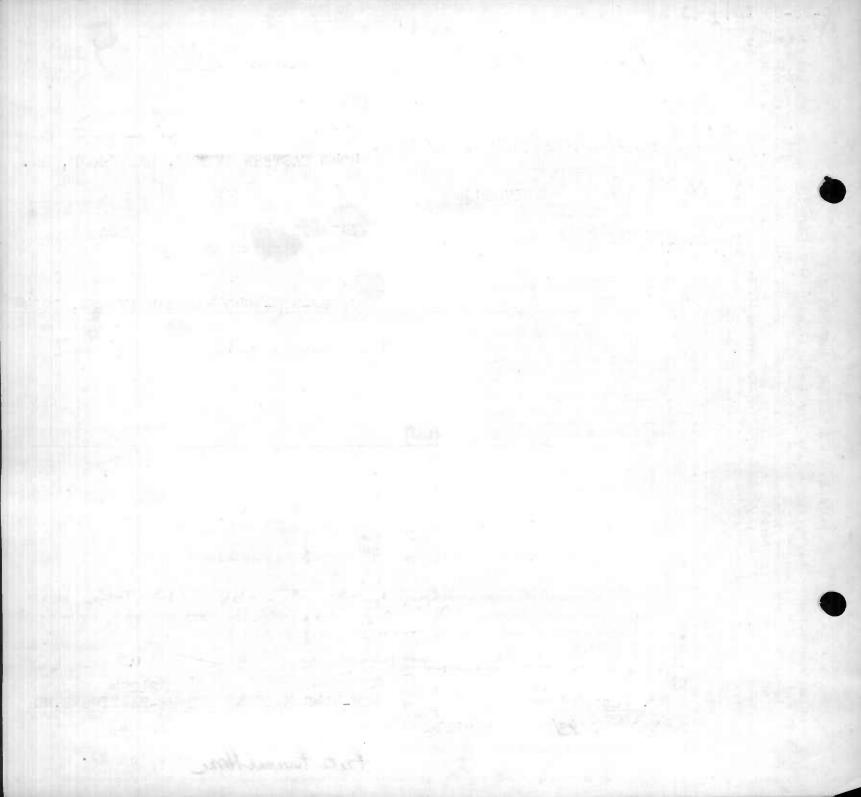
82110

a hospital

	66 12450	CERTIFICA	TE OF DEATH	Registered Na.	66 12400
A.E. CASE NO.	SED (N)		2. DATE AN	D HOUR OF DEATH	
Type or Pinj)	111 19 10	2			12/401
PLACE OF DEATH	IN BALTIMORE, MARYLAND	ZIZEWSKI	I A LISTAL RESIDENCE (When	2-66	stitution; residence before odmi
	The second secon		A. STATE B. COUN	TY	1
FULL NAME OF	(If not in hospital or institu	ition, give street	Md. 78	ALTA (	111
HOSPITAL OR	oddress or locotion)		C. CITY OR TOWN (II out	side city limits, write	RURA give township)
(1)			BALTIMO	186	J- 1 3 /
111/2	5-CASTLE	- 84		ural, give location)	0
700-0	OHSILE.	= -11	416-5-1	CASTL	- 57
. SEX 6.		RRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24
11/-	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	OWED, DIVORCED (specify)	1-27-1899	ost birthdoy	Months Doys Hours N
A LISUAL OCCUPA	TION (Give kind of world) Of Vie	ICC/ECO		6/	10.6175711.05
	king life, even if retired)	TO ST BOSINESS OR INDUSTRI		in country)	12. CITIZEN OF WHAT COUNTRY?
TAILDR.	11/19	ALLOR	BALTO. P.	nd.	115A
3. FATHER'S NAME	7	77.	14. MOTHER'S MAIDEN NAM	NE .	0,913
math	E 1. 3		141	- As	
Was Danced S	er in U. S. Armed Forces?	11.6 600111	KATHERIA	E 17/	WEWSKI
es, no or unknown) (If	yes, give wor or doles of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	3	ADDRESS
No	- 21	2-09-0535	ELNOR-C	12921	-wski
18.	Y	CAUSE	DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION DIRECTLY	/			ONSET AND DEAT
	ADING TO DEATH	(A) Card	inoma of Panc	reas	1 Yr.
(This does not	mean the mode of dying,	e.g., DUE TO			
	henio, etc. Il means the dis	eose,			
	conon which coused dealn./				
ANI	cotion which caused death.)	(8)			
	TECEDENT CAUSES	(8) DUE TO		THE THE GOOD CONTROL OF THE STATE OF THE STA	
DISEASES OR	TECEDENT CAUSES  CONDITIONS, if ony, g	DUE TO		***************************************	
DISEASES OR	TECEDENT CAUSES	DUE TO			
DISEASES OR	TECEDENT CAUSES  CONDITIONS, if ony, gobove couse (A) staling CONDITION last.	DUE TO			
DISEASES OR rise to the dunderLying C	TECEDENT CAUSES  CONDITIONS, if ony, gobove couse (A) staling CONDITION last,	DUE TO the (C)			
DISEASES OR rise to the dunderlying of the signification of the deat	TECEDENT CAUSES  CONDITIONS, if ony, gobove couse (A) staling CONDITION last,	DUE TO the (C)			
DISEASES OR rise to the CUNDERLYING COUNDERLYING COUNTY TO THE DEAT DISEASE OR COUNTY OF THE COUNTY	TECEDENT CAUSES  CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II  ANT CONDITIONS CONTRIB BUT NOT RELATED TO NOT NOT RELATED TO NOT NOT NOT NOT NOT NOT NOT NOT NOT	DUE TO piving the (C) UTING THE	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
DISEASES OR rise to the CUNDERLYING COUNDERLYING COUNTY TO THE DEAT DISEASE OR COUNTY OF THE COUNTY	TECEDENT CAUSES  CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II  ANT CONDITIONS CONTRIB TH BUT NOT RELATED TO NOTION CAUSING IT.	DUE TO piving the (C) UTING THE		208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DISEASES OR rise to the CUNDERLYING OF THE DEAT DISEASE OR CO 19A. DATE OF OP	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  ANT CONDITIONS CONTRIBER H BUT NOT RELATED TO NOT CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED	UTING D THE	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)
DISEASES OR rise to the CUNDERLYING CONTRIBUTION OR CONTRIBUTION	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II ANT CONDITIONS CONTRIBITED TO NOT RELATED TO NOT RELATED TO NOT SELECTION 198. CONDITION WAS PERFORMED  WAS UNDERLYING CAUSE OF CAUSE OF	DUE TO piving the (C) UTING THE	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	USES OF DEATH?
DISEASES OR rise to the CUNDERLYING OF THE DEAT DISEASE OR CO 19 A. DATE OF OP OR CONTRIBUTING DEATH (notify me	TECEDENT CAUSES  CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II  ANT CONDITIONS CONTRIB TH BUT NOT RELATED TO NOTION CAUSING IT.  PERATION 19B. CONDITION WAS PERFORMED  WAS UNDERLYING COUSE OF edicol exominet)	UTING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	20 A. AUTOPSY? (Yes or No)  No or obout 21 C. WHERE DID lince bidg., INJURY OCCUR?	(If in Boltimore	USES OF DEATH?
DISEASES OR nise to the cunderlying of UNDERLYING O  OTHER SIGNIFIC TO THE DEAT DISEASE OR CO  19A. DATE OF OP  21A. ACCIDENT OR CONTRIBUTING DEATH (notify me  21D. TIME (M	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II ANT CONDITIONS CONTRIBITED TO NOT RELATED TO NOT RELATED TO NOT SELECTION 198. CONDITION WAS PERFORMED  WAS UNDERLYING CAUSE OF CAUSE OF	DUE TO  iving the (C)  UTING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., indome, lorm, foctory, street, onetc.)  21E. INJURY OCCURRED	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	USES OF DEATH?
DISEASES OR rise to the CUNDERLYING COUNDERLYING COUNTER SIGNIFIC TO THE DEAT DISEASE OR COUNTER DISEASE OR	TECEDENT CAUSES  CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II  ANT CONDITIONS CONTRIB TH BUT NOT RELATED TO NOTION CAUSING IT.  PERATION 19B. CONDITION WAS PERFORMED  WAS UNDERLYING COUSE OF edicol exominet)	UTING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	20 A. AUTOPSY? (Yes or No)  O O O O O O O O O O O O O O O O O O O	(If in Boltimore	USES OF DEATH?
DISEASES OR rise to the cunderlying CO TO THE DEAT DISEASE OR CO 19A. DATE OF OP CONTRIBUTION DEATH (notify me 21D. TIME (M OF INJURY (APPROX.)	TECEDENT CAUSES  CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II  ANT CONDITIONS CONTRIBET TO THE BUT NOT RELATED TO NOT RELATED TO NOTION CAUSING IT.  PERATION 19B. CONDITION WAS PERFORMED  WAS UNDERLYING CONDITION CONTRIBET CONDITION CAUSE OF Edicol exomines)	DUE TO  the (C)  UTING  THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into the content of the content o	20 A. AUTOPSY? (Yes or No)  O O O O O O O O O O O O O O O O O O O	(If in Boltimore	USES OF DEATH?
DISEASES OR rise to the cunderlying of the signification of the significant o	TECEDENT CAUSES  CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II  ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT RELATED TO NOTION WAS PERFORMED  WAS UNDERLYING CONTRIBETH CONTRIBETH CONDITION (AUSE OF Edicol exominet)  Annth (Doy) (Year) (Hour)	DUE TO  iving the (C)  UTING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., interpretable)  21E. INJURY OCCURRED  While At Not While Work  ded the deceased from	20 A. AUTOPSY? (Yes or No)  No or obout 21 C. WHERE DID lince bidg., INJURY OCCUR?  21 F. HOW DID INJURY	(If in Boltimore	USES OF DEATH?  City, give exact (acotion)
DISEASES OR rise to the cunderlying of UNDERLYING OF THE DEAT DISEASE OR CO 19A. DATE OF OP OR CONTRIBUTING DEATH (notify me OF INJURY (APPROX.)  22. I certify the that (I) (we) last	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOT RELATED TO NOTION CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING AND CAUSE OF CHICOL exomines)  Month) (Doy) (Year) (Hour)  And (1) (*his hospital) attents saw the deceased alive	DUE TO  the (C)  UTING  THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not Whill Not Work  ded the deceased from	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY  19 66 and the	(If in Boltimore	USES OF DEATH?  City, give exact (acotion)
DISEASES OR rise to the CUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNTEDUTING COUNTEDU	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOT RELATED TO NOTION CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING AND CAUSE OF CHICOL exomines)  Month) (Doy) (Year) (Hour)  And (1) (*his hospital) attents saw the deceased alive	DUE TO  iving the (C)  UTING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., interpretable)  21E. INJURY OCCURRED  While At Not While Work  ded the deceased from	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY  19 66 and the	(If in Boltimore	USES OF DEATH?  City, give exact (acotion)  C • 12 19 6
DISEASES OR rise to the cunderlying of UNDERLYING OF THE DEAT DISEASE OR CO 19A. DATE OF OP OR CONTRIBUTING DEATH (notify me OF INJURY (APPROX.)  22. I certify the that (I) (we) last	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOT RELATED TO NOTION CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING AND CAUSE OF CHICOL exomines)  Month) (Doy) (Year) (Hour)  And (1) (*his hospital) attents saw the deceased alive	DUE TO  iving the (C)  UTING D THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into the content of the co	20A. AUTOPSY? (Yes or No)  NO n or obout 21C. WHERE DID Injury OCCUR?  21F. HOW DID INJURY  Uly 8  19 66 and the	(If in Boltimore  RY OCCUR?  9 66 ta D  t in(my) (ous) api	USES OF DEATH?  City, give exact location)  C 12 19 6  nian death accurred an the
DISEASES OR rise to the CUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNTEDUTING COUNTEDU	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOT RELATED TO NOTION CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING AND CAUSE OF CHICOL exomines)  Month) (Doy) (Year) (Hour)  And (1) (*his hospital) attents saw the deceased alive	DUE TO  iving the (C)  UTING D THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into the content of the co	20 A. AUTOPSY? (Yes or No)  n or about 21 C. WHERE DID lifice bidg., INJURY OCCUR?  21 F. HOW DID INJU  21 F. HOW DID INJU  19 6 and that riew the bady after death.	(If in Boltimore	USES OF DEATH?  City, give exact locotion)  C • 12 19 6
DISEASES OR rise to the CUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLY COU	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOTION CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING 198. CONDITION WAS UNDERLYING 198. CONDITION WAS UNDERLYING 199. (Hour)  Anoth) (Doy) (Year) (Hour)  At (1) (*his hospital*) attends as the deceased alive am the causes stated aba	UTING  O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from	20 A. AUTOPSY? (Yes or No)  n or about 21 C. WHERE DID lifice bidg., INJURY OCCUR?  21 F. HOW DID INJU  21 F. HOW DID INJU  19 6 and that riew the bady after death.	IN CERTIFYING CA  (If in Boltimore  IRY OCCUR?  9 66 ta D  t in (my) (ous) api	USES OF DEATH?  City, give exact location)  C 12 19 6  nian death accurred an the
DISEASES OR rise to the cunderlying of UNDERLYING OF UNDERLYING OF UNDERLYING OF OPEN OF THE UNDERLYING OF CONTRIBUTING OR CONTRIBUTING OF INJURY (APPROX.)  22. I certify the that (I) (wee) I as and haur and from 23A. SIGNATURE	CONDITIONS, if ony, gobove couse (A) staling conditions last.  II  ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOTITION CAUSING IT.  PERATION 19B. CONDITION WAS PERFORMED  WAS UNDERLYING CAUSE OF COUNTRIBETH CONDITION CAUSE OF COUNTRIBETH COUNTR	DUE TO  the (C)  UTING D THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not While Not Work  ded the deceased from deceased from Dec. 6  ve. (I) (We) (did) (did )  Lectorum. D. Att. Phy	20 A. AUTOPSY? (Yes or No)  No or obout 21 C. WHERE DID Injury OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  A conding A condition of the bady after death.  23 D. ADDRESS	IN CERTIFYING CA  (If in Boltimore  IRY OCCUR?  9 66 ta D  t in (my) (ous) api	USES OF DEATH?  City, give exact (acotion)  C 12 19 6  nian death accurred an the
DISEASES OR rise to the CUNDERLYING COUNDERLYING COUNDERL	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  II ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOTION CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING 198. CONDITION WAS UNDERLYING 198. CONDITION WAS UNDERLYING 199. (Hour)  Anoth) (Doy) (Year) (Hour)  Anoth) (Doy) (Year) (Hour)  At (I) (*his hospitut) attents saw the deceased alive am the causes stated aba	DUE TO  the (C)  UTING D THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into the content of the content	20 A. AUTOPSY? (Yes or No)  NO n or obout 21C. WHERE DID lifice bidg., NJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  And Director	IN CERTIFYING CA  (If in Boltimore  IRY OCCUR?  9 66 to D  t in(my) (our) api  Phys.   AVO	USES OF DEATH?  City, give exact locotion)  CC • 12 19 6  nian death accurred an the 12/14/66
DISEASES OR rise to the cunderlying of UNDERLYING OF UNDERLYING OF UNDERLYING OF OPEN OF THE UNDERLYING OF CONTRIBUTING OR CONTRIBUTING OF INJURY (APPROX.)  22. I certify the that (I) (wee) I as and haur and from 23A. SIGNATURE	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  III  ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT AND CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING CAUSE OF Edicol exomines)  In (1) (*his hospital*) attenues the saw the deceased alive am the causes stated aba  Clarina W.  ITON, 1248. DATE 12.	DUE TO  the (C)  UTING D THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not While Not Work  ded the deceased from deceased from Dec. 6  ve. (I) (We) (did) (did )  Lectorum. D. Att. Phy	20 A. AUTOPSY? (Yes or No)  NO n or obout 21C. WHERE DID lifice bidg., NJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  And Director	IN CERTIFYING CA  (If in Boltimore  IRY OCCUR?  9 66 to D  t in(my) (our) api  Phys.   AVO	USES OF DEATH?  City, give exact locotion)  City, give exact locotion)  C C • 12 19 6  Inian death accurred an the 12/14/66
DISEASES OR rise to the cunderlying of UNDERLYING OF UNDERLYING OF UNDERLYING OF THE DEAT DISEASE OR CO 19A. DATE OF OP 21A. ACCIDENT OR CONTRIBUTIN OR CONTRIBUTIN OR CONTRIBUTIN (APPROX.)  22. I certify the that (I) (wee) last and haur and from 123A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMA*	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  III  ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT AND CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING CAUSE OF Edicol exomines)  In (1) (*his hospital*) attenues the saw the deceased alive am the causes stated aba  Clarina W.  ITON, 1248. DATE 12.	DUE TO  the (C)  UTING D THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into the content of the content	20 A. AUTOPSY? (Yes or No)  NO n or obout 21C. WHERE DID lifice bidg., NJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  And Director	IN CERTIFYING CA  (If in Boltimore  IRY OCCUR?  9 66 to D  t in(my) (our) api  Phys.   AVO	USES OF DEATH?  City, give exact locotion)  CC • 12 19 6  Inian death accurred an the 12/14/66
DISEASES OR rise to the cunderlying of UNDERLYING OF UNDERLYING OF UNDERLYING OF THE DEAT DISEASE OR CO 19A. DATE OF OP 21A. ACCIDENT OR CONTRIBUTIN OR CONTRIBUTIN OR CONTRIBUTIN (APPROX.)  22. I certify the that (I) (wee) last and haur and from 123A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMA*	CONDITIONS, if ony, gobove couse (A) staling CONDITION last.  III  ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT SERVING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING CAUSE OF Edicol exomines)  Anorth (Doy) (Year) (Hour)	DUE TO  the (C)  UTING D THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into the content of the content	20 A. AUTOPSY? (Yes or No)  NO n or obout 21C. WHERE DID lifice bidg., NJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  And Director	IN CERTIFYING CA  (If in Boltimore  IRY OCCUR?  9 66 to D  t in(my) (our) api  Phys.   AVO	USES OF DEATH?  City, give exact locotion)  CC • 12 19 6  Inian death accurred an the 12/14/66

V\$ 150-REV. 1/1/65

M. arite masor income it is 11:10 1/150 Kelhenne Hireman The - District of the B. State Comment. Billit sport that we source to the terms



ER 10400

BIRTH NO.	MED	ICAL EXA	AMINER'S C	<b>ERTIFICA</b> 1	TE OF	DEATH Registe	red Na.	75405
M.E. CASE NO.								
1. NAME OF DECI	EASED				2. DATE AN	D HOUR PRONOUNCE	ED DEAD	
	VERL		MARTIN		12-11-			11:55 P.N
	MORE, MARYLAND, W			4. USUAL RESID	ence (Where	deceosed lived. If insti B. COU	tution: resider NTY	ice before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	ON, GIVE STREET		VN (If autsid	e corparate limits, write	RURAL ond	give township)
SOUTH B	ALTIMORE GEN	MERAL HOS	PITAL - DOA	D. STREET ADDS		give focation)	01	
99					rrett S		5	
Female	White	7. MARRIED, N	EVER MARRIED SECED(specify)	Nov 18,18		9. AGE (In years lost birthday)		Yr. If Under 24 Hours Min.
done during mostrate House Wille	PATION (Give kind of working life, even if retired)	108. KIND OF B	USINESS OR INDUSTR	Md Md	State or foreig	gn country)	12. CITIZEN	OF COUNTRY?
13. FATHER'S NAME		1		14. MOTHER'S M	AIDEN NAM	E	1	
Wash	ington Pump	phrey		Han	nah Gri	lffith		
(Yes, no or unknown)	EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT			ADDRESS	
No				Family			Seme	
1B. 5	2.4.		CAUSI	OF DEATH			11	NTERVAL BETWEEN
DISEASI	OR CONDITION DI	RECTLY					١	NZEL AND DEAT
	LEADING TO DEATH			ltiple inj	uries			
heort foilure,	osthenio, etc. It means	dying, e.g.,	DUE TO					
injury or com	plication which caused	deoin.)						
	TECEDENT CAUSE		(R)					
RISE TO THE	R CONDITIONS, IF A		DUE TO		**			
	G CONDITION LAST.		(C)					
<u>0</u>	ll l							
O THE	IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	LATED TO THE						
19A. DATE OF	OPERATION 198, CON WAS PER	IDITION FOR WI	HICH OPERATION		? (Yes or No)	208. IF YES, WERE FIN		
ZIA. EXTERNAL UNDERLYING	CAUSE WAS	218, PL	A CE OF INJURY (e.g.,	in or obout 21C. W	HERE DID	(If in Baltimore City, giv	ve exoct loca	otion)
V 21A, EXTERNAL UNDERLYING IN UTING IN CAUS	OR CONTRIB- E OF DEATH.	home, etc.)	form, foctory, street,	office bldg., INJURY	OCCUR?			25-04
21 D TIME	(Month) (Doy) (Yeo	"11":40 21E	Street . INJURY OCCURRED	21F. HC	атарысс	and 5th St:	reet	
OF INJURY (APPROX.)	12 11 '66	TOM WH	ILE AT NOT AT W	WHILE X PE	edestri	an struck by	auto	
22.	fy that I held an I	nquiry 🗌	Inspection Au	tapsyX and	I that an th	is basis, death in m	y apinian	
result	ed fram: Natural ca	uses Acc	cident XX Suicid	le Hamici	de 🗌	Undetermined manne	er 🗌	
	1. M	1	(2)	CHIEF MI	EDICAL EX	CAMINER -		DATE SIGNED
ACTUAL	IRE NUN	ush	- CM (M.D	ASSISTANT MI	EDICAL EX	KAMINER X		DATE SIGNED
EXAMINE NAME (T	R'S	U. SPITZ	Y	ASSOCIATE M				12-12-66
23A. BURIAL CREM	ATION. 238 DATE		NAME of CEMETERY	OF CREMATORY	23 D. L	OCATION (City,	tawn, or cau	unty) (State)
REMOVAL (Specify) Butial	12/15/		Ceadr H			A Co. M		
24A. DATE REC'D E	Y HEALTH DEPT.	248 NAME OF	REGISTRAR		AL DIRECTOR			DRESS
DE	C 1 4 1966 (	Robert &	, to line	McCully	Funer	al Home 237	Pataps	21 225
VS 151-REV. 1/1/6	5	A 14 15	D 10 11	3 4	7. 7			

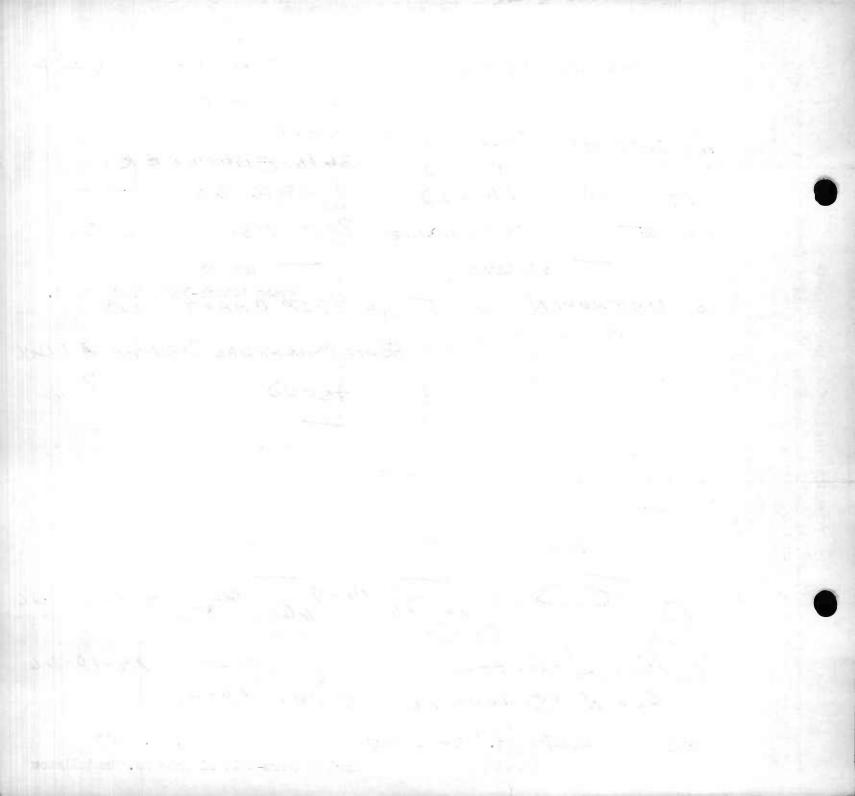
'n a partial males united

(Ts	E CASE NO.	CFASED		2 DATE AND I	OUR PRONOUNC	FD DFAD
'''	pe or Print)	ILLIAM T.	RINN		r 10, 196	
3.			HERE PRONOUNCED DEAD			titution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside co		Balts. Co.
IN	SPITAL OR	ADDRESS OR LOCA	TIONI		ndallstow	7-
-	38 University Hosp:		pital	D. STREET ADDRESS (If rurol, give		
1				3605 Belair Avenue		
5.	SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	Male	White	Married	11/21/1906	60	
	ne during most of	working lite, even if retired)	108. KIND OF BUSINESS OR INDUSTR		o Untry /	12. CITIZEN OF WHAT COUNTRY?
13,	CLerk FATHER'S NA	ME	Baltimore City	Baltimore 14. MOTHER'S MAIDEN NAME		USA
		John Rinn		Mary Moran		
		ED EVER IN U.S. ARMED		17. INFORMANT	7	Address
	No	, , , , , , , , , , , , , , , , , , , ,	219-18-5136	Mrs. Julia J. Rir	n-3605 R	kair Ave. Rand.
	18.	8.3 X	7-7 - 7-7-	E OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIE				ONSET AND DEATH
	(This does	LEADING TO DEATH	dving as (A) Cranic	-cerebral Injuries		
	heort foilur	e, osthenio, etc. It meons emplication which coused a	the disease,			
		ANTECEDENT CAUSES				
	DISEASES	OR CONDITIONS, IF A	NY, GIVING (B)			
7	UNDERLY	NG CONDITION LAST.	(C)			PAGE TO THE
		ii .	\ \( \sigma \)	***************************************		***************************************
		MIELEANT CONDITIONS	CONTRIBUTING			
LIFICATION	DISFASE	DEATH BUT NOT REL		***************************************		
ERTIFI	DISEASE O	DEATH BUT NOT REL	IT	20A. AUTOPSY? (Yes or No) 201		
正	DISEASE O	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CONI WAS PERF	IT.  DITION FOR WHICH OPERATION  FORMED	Yes	CERTIFYING CAU	SES OF DEATH? Yes
CAL CERTIFI	DISEASE O	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CON WAS PERF AL CAUSE WAS  STORY CONTRIB-	IT.  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	Yes in or obout 21C, WHERE DID (If i office bldg., INJURY OCCUR?	n Boltimore City, g	SES OF DEATH? Yes
AL CERTIFI	DISEASE OF THE DISEAS	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CONI WAS PERF AL CAUSE WAS DEOR CONTRIB- USE OF DEATH.	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Street	Yes in or obout 21C, WHERE DID (If i office bldg, INJURY OCCUR? 300 Block o	certifying cau  n Boltimore City, g  f W. Fairt	SES OF DEATH? Yes
EDICAL CERTIFI	DISEASE OF THE DISEAS	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CONI WAS PERF AL CAUSE WAS IN CONTRIB- USE OF DEATH.  (Month) (Doy) (Year)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)   Street	Yes in or obout 21C, WHERE DID office bldg, INJURY OCCUR? 300 Block o	certifying cau  n Boltimore City, g  f W. Fairt  OCCUR?	SES OF DEATH? Yes  ive exoct locotion)  mount Ave.
EDICAL CERTIFI	21A. EXTERN. UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22.	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CONI WAS PERF AL CAUSE WAS SOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Yeor)  19 9 66	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hourl P 21E. INJURY OCCURRED 10:40, WHILE AT NOT AT WORK	Yes in or obout 21C, WHERE DID (If i office bldg, INJURY OCCUR? 300 Block of 21F, How did injury WHILE X Apparently	certifying cau  n Boltimore City, g  f W. Fairt  occur?  was Assau	ses of Death? Yes  ive exoct locotion)  mount Ave.  1ted
EDICAL CERTIFI	21A. EXTERN. UN DERLYING UTING CA  21D TIME OF INJURY (APPROX.)	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CON WAS PERF AL CAUSE WAS ZEOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Year) 19 9 66  rtify that I held on Ir	218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)  (Hourt P 21E. INJURY OCCURRED 10:40, WHILE AT NOT AT V	Yes in or obout 21C. WHERE DID (IF in office bidge, injury occur? 300 Block o 21F. HOW DID INJURY WHILE X Apparently ond that on this inverse.	CERTIFYING CAU  n Boltimore City, g  f W. Fairs  OCCUR?  was Assau  pasis, death in s	SES OF DEATH? Yes  ive exoct locotion)  mount Ave.  Ited  my opinion
EDICAL CERTIFI	21A. EXTERN. UN DERLYING UTING CA  21D TIME OF INJURY (APPROX.)	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CONI WAS PERF AL CAUSE WAS SOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Yeor)  19 9 66	218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)  (Hourt P 21E. INJURY OCCURRED 10:40, WHILE AT NOT AT V	Yes in or obout 21C. WHERE DID (If i office bldg, INJURY OCCUR? 300 Block of 21F. How did INJURY WHILE X Apparently offices bldg, INJURY OCCUR?  and that on this is the state of the state	f W. Fairs  OCCUR?  was Assau  pasis, death in a  determined monn	SES OF DEATH? Yes  ive exoct locotion)  mount Ave.  Ited  my opinion
EDICAL CERTIFI	21A. EXTERNA UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.)  22. I ce	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CONI WAS PERF AL CAUSE WAS EXOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Yeor)  19 9 66  rtify that I held on Ir of the frame in the second causing t	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hourd P 21E. INJURY OCCURRED 10:40, WHILE AT NOT AT WORK  NOUTH OF THE PROPERTY OF THE PROPER	Yes in or obout 21C. WHERE DID (If i office bldg, INJURY OCCUR? 300 Block of 21F. How did injury WHILE X Apparently ond that on this I de Hamicide X Und CHIEF MEDICAL EXAM	CERTIFYING CAU  n Boltimore City, g  f W. Fairs  OCCUR?  was Assau  pasis, deoth in selectermined monn  AINER	SES OF DEATH? Yes  ive exoct locotion)  mount Ave.  Ited  my opinion
EDICAL CERTIFI	21A. EXTERNA UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.)  22. I ce	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 198, CON WAS PERF AL CAUSE WAS ZEOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Year) 19 9 66  rtify that I held on Ir olded frams, Natural cause.	218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)  Street  10:40 WHILE AT NOT AT VOICE OF A COLUMN	Yes in or obout 21C, WHERE DID (If i office bldg, INJURY OCCUR? 300 Block of 21F, How did INJURY WHILE X Apparently office bldg, Ond that on this left of the State of the Sta	TERTIFYING CAU  In Boltimore City, g  F. W. Fair  OCCUR?  WAS Assau  Dossis, deoth In reletermined monn  MINER AND	ses of Death? Yes ive exoct locotion) mount Ave.  Ited my opinion er  DATE SIGNED
MEDICAL CERTIF	21A. EXTERNA. UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22. I ce rest  ACTUA SIGNA EXAMI NAME	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 198. CON WAS PERF AL CAUSE WAS DOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Yeor)  19 9 '66  rtify that I held on Ir olded fram; Natural causes LL TURE NER'S (Type) Rudiger	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hourd P 21E. INJURY OCCURRED 10:40, WHILE AT NOT AT WORK  NOUTH OF THE PROPERTY OF THE PROPER	Yes in or obout 21C. WHERE DID (If i office bldg, INJURY OCCUR? 300 Block of 21F. How did injury WHILE X Apparently ond that on this I de Hamicide X Und CHIEF MEDICAL EXAM	TERTIFYING CAU  In Boltimore City, g  F. W. Fair  OCCUR?  WAS Assau  Dossis, deoth In reletermined monn  MINER AND	SES OF DEATH? Yes  ive exoct locotion)  mount Ave.  Ited  my opinion er
MEDICAL CERTIFI	21A. EXTERNAL UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.)  22. I ce  ACTUA SIGNAL EXAMI	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CON WAS PERF AL CAUSE WAS DOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Yeor)  19 9 '66  rtify that I held on Ir olded fram; Natural causes  LL TURE NER'S (Type) Rudiger  EMATION, 23B. DATE	218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)  Street  10:40 WHILE AT NOT AT VOICE OF A COLUMN	Yes in or obout 21C. WHERE DID (IF is office bldgs, INJURY OCCUR? 300 Block of 21F. How did INJURY WHILE X Apparently office bldgs, INJURY OCCUR? OFFICE bldgs, INJURY OCCUR. OFFICE bldgs, INJURY OCCUR. OFFICE bldgs, INJURY OCCUR. OFFICE bldgs,	CERTIFYING CAU  n Boltimore City, g  f W. Fair  OCCUR?  was Assau  pasis, deoth In reletermined monn  AINER  MINER	ses of Death? Yes ive exoct locotion) mount Ave.  Ited my opinion er  DATE SIGNED
MEDICAL CERTIFICAL CERTIFICATION CERTIFICAL CERTIFICATION CERTIFICAT	21A. EXTERN. UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22. I ce rest  ACTUA SIGNA EXAMI NAME	DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B. CON WAS PERF AL CAUSE WAS ZOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Yeor)  19 9 '66  rtify that I held on Ir olded fram; Natural cause FURE NER'S Rudiger EMATION, 23B. DATE (y)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hourd P 21E. INJURY OCCURRED 10:40, WHILE AT NOT AT V WORK  Dises Accident Suicide Breitenecker, M.D.	Yes in or obout 21C. WHERE DID (IF in office bldgs, INJURY OCCUR?) 300 Block of 21F. How did INJURY WHILE X Apparently office bldgs, INJURY OCCUR? Apparently office bldgs, INJURY OCCUR?  Apparently office bldgs, INJURY OCCUR?  Apparently office bldgs, INJURY OCCUR?  Apparently office bldgs, INJURY OCCUR?  Apparently office bldgs, INJURY OCCUR?  Apparently  OCCUR MEDICAL EXAMON ASSOCIATE MEDICAL EXAMON OF CREMATORY  23D. LOC	TERTIFYING CAU  In Boltimore City, 9  If W. Fairs  OCCUR?  WAS ASSAU  Dasis, deoth In 11  Letermined monn  MINER  MINER  MINER  ATION  (City	SES OF DEATH? Yes  ive exect locotion)  mount Ave.  Ited  my opinion er   DATE SIGNED  12/10/66

VS 151-REV. 1/1/65 8 3 6 12

the desired at the product of the second of 

VS 150-REV. 1/1/65



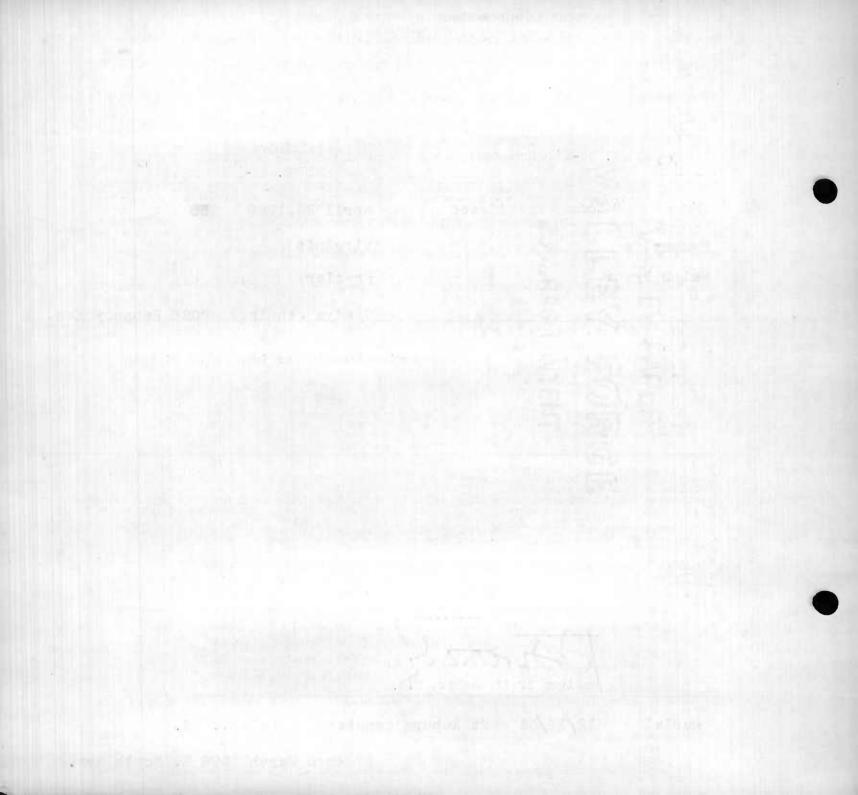
Per La La Contra de la Contra d

66 12486

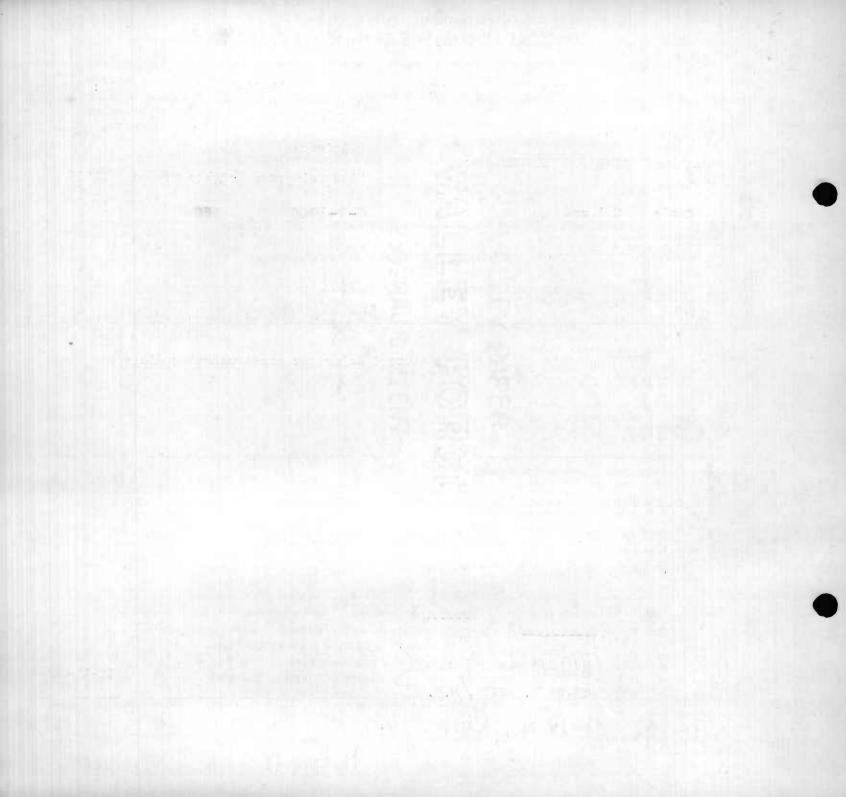
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 66 12486

M.E. CASE	NO.								
1. NAME C	DE DECEASED					2. DATE AN	D HOUR PRONOUNC	ED DEAD	
	CLOVA	В.	PRI	ESTON		Decen	mber 10, 196	6	11:00 A <sub>M</sub>
3. PLACE IN	N BALTIMORE, MA	RYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDI	EN CE (Where	deceased lived. If ins	titution: reside	ence before admission)
FULL NAM	E OF TE NO	T IN HOSPITA	OR INICITIE	TION CIVE STREET		ryland	J. 30		
HOSPITAL O	OR ADDRE	SS OR LOCA	TIONI	TION, GIVE STREET	C. CITY OR TOW	/N (If outsid	e corporate limits, write	e RURAL on	d give township)
INZILIOIOI					Ra	ltimore		10	affer C)
00	320 E.	20-1/2	Street		D. STREET ADDR			10	
00					320	O E. 20	-1/2 Street		
5. SEX	6. RACE			NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Hrs.
Fema	10 Col.	ored		IVORCED(specify)	A43 0	c 300		Months	Doys   Hours   Min.
			Wide	BUSINESS OR INDUSTR	April 2			12. CITIZEI	N OF
	most of working life, e		TOU KIND OF	BOSINESS OK INDOSIK			gii cooniiyi		COUNTRY?
Hous	ewife S NAME				Virgini	8			
13. FATHER:	S NAME				14. MOTHER'S MA	AIDEN NAM	t		
	h Pryor				Frazier				
	CEASED EVER IN			16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	,,,,,				02 - 2	T	0000	77	
1B.	1000			CALLS	Gladys E OF DEATH	Jenni	ngs 2028		INTERVAL BETWEEN
7	201/	1		CAUS	OF DEATH				ONSET AND DEATH
	DISEASE OR COL	ID NOITION DI	RECTLY	A t	1	011-			
(This	does not mean foilure, asthenia, e		dying, e.g.,	DUE TO	oscierotic	Cardio	vascular Di	sease	
heort	foilure, osthenio, e or complication w	tc. It means hich coused a	the disease, leath.l						
DISE	ANTECEDER	TIONS IF A		(B)					
RISE	TO THE ABOVE C	AUSE (A) ST	ATING THE	DUE TO					
	ERLYING CONDI	TION LAST.		(C)					
<u>ō</u>		II		, 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
₹ отн	ER SIGNIFICANT O		CONTRIBUTIN	G				- 75	
E TO	THE DEATH BU			I E					
-	ATE OF OPERATION			HICH OPERATION	20A. AUTOPSY	(Yes or No)	20B. IF YES, WERE FI	INDINGS CO	ONSIDERED
Ö		WAS PERI					IN CERTIFYING CAU		
₹ 21A. EX	TERNAL CAUSE V	VAS	21 R. P	LACE OF INJURY (e.g.,	in or about 21C. W	HERE DID	(If in Boltimore City, a	ive exact la	otion)
UNDER	YING OR CONTI	RIB-	home,	LACE OF INJURY (e.g., form, factory, street,	office bldg., INJURY	OCCUR?	the manager array, g	TTC GADGI IO	
<b>T</b>		ın.							
OF INJU		(Doy) (Year	(Hour) 21	E. INJURY OCCURRED	21 F. HC	ITNI DID MO	URY OCCUR?		
(APPRO			m. W	HILE AT NOT	WHILE				
22.			r		<u></u>				
	I certify that I	held an Ir	nquiry [	Inspection X Au	topsy and	that an th	is basis, death in	my apinion	
	resulted fram:	Natural cau	ses X A	ccident Suicio	de Hamicia	de 💹	Undetermined mann	er	
		1/3/1	1 0	(/	CHIEF ME	EDICAL EX	CAMINER		DATE SIGNED
	CTUAL GNATURE	10/1	neite	The Landy us	ASSISTANT ME	EDICAL EX	KAMINER X		DATE STONED
	AMINED'S	Va	00,00	5 m. L	ASSOCIATE M		-		
	AME (Type)	Rudiger	Breiter	necker, MID.					12/11/66
		23B. DATE	230	NAME of CEMETERY	or CREMATORY	23D. L	OCATION (City	, town, or co	ountyl (Stote)
Bur		12/13/	/66 N	+ A	ama ta m	De	140 360		
	REC'D BY HEALTH		_	t Auburn C	24C. FUNERA		lto., Md.	Δ	DDRESS
- VAIL			THOS TO THE T	24	I STOREKA	- DIRECTOR			
	DEC 1 A	1966 (7	D. A- D	Jan Margall	WmrC	Marcl	n 928 E.	North	Ave.



-	ASE NO. LE OF DECEASE Print)	.D				2. DATE A	AND HOUR PRONO	UNCED DEAD		=
		LEI		AUSTIN			11-66		12:00 Noo	
3. PLAC	E IN BALTIMOR	RE, MARYLAND, W	WHERE PRONOL	UNCED DEAD	A. STATE Mary I	RESIDENCE (Whe	re deceased lived. B.	COUNTY	sidence befare admis	sion)
FULL N HOSPITA INSTITU	AL OR A	ADDRESS OR LOC.	ATION)	UTION, GIVE STREET	c. city or Balti	town (If out	/-	, write RURAL	and give tawnship).	
00	2408 CA	LVERTON HE	EIGHTS A	VENUE		ADDRESS (If rui		A	21216	
5. SEX	6. RA	ACE	7. MARRIED,	NEVER MARRIED	B. DATE OF		n Heights	yeors If Und	er 1 Yr. If Under 24	
Fe	male (	Colored	WIDOWED,	DIVORCED (specify)	6-9-	1906	last birthday)	Months	Days   Hours N	in.
IOA. US	JAL OCCUPATION			F BUSINESS OR IND		ACE (State or for			ZEN OF AT COUNTRY?	
13. FATH	UNK.			THE		S MAIDEN NA	ME			
(Yes, no	DECEASED EV	ER IN U.S. ARMEI	D FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMA	ome 110	Those	ADDRE JUOS	Calverton	110
h	LEA This does not meant foilure, asthe	R CONDITION D NDING TO DEATH nean the made of enia, etc. It mean order which caused	H of dying, e.g., as the disease,	(A) Ar	terioscleı	rotic car	diovascul	ar disea	ise	
FICATION	This does not me eart foilure not foilure not me eart foilure not foilure not me eart foilure not foilure not me eart foilure not foilure not me eart foilure not foilure not me eart foilure not me eart foilure not me eart foilure not me eart foilure not foilure not me eart foilure not foilure not foilure not me eart foilure not foilure	ADING TO DEATH nean the made al enia, etc. It mean official which caused  CEDENT CAUSE CONDITIONS, IF / OVE CAUSE (A) S CONDITION LAST.  II  ANT CONDITIONS TH BUT NOT RE INDITION CAUSIN	H  of dying, e.g., is the disease, I death.)  ES  ANY, GIVING STATING THE  CONTRIBUTION  ELATED TO TO  IG IT.	(B) DUE TO (C)						
CERTIFICATION	THE SIGNIFICO THE DEAT	ADING TO DEATH nean the mode of enio, etc. It mean otion which caused  CEDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S CONDITION LAST.  II ANT CONDITIONS TH BUT NOT RE INDITION CAUSIN.  RATION 198, COT WAS PEI	H of dying, e.g., is the disease, I death.)  ES ANY, GIVING STATING THE  S CONTRIBUTII ELATED TO T IG IT. NDITION FOR REFORMED	(B) DUE TO (C)  NG THE WHICH OPERATION	20A. <b>AU</b> T	OPSY? (Yes or N	o) 208. IF YES, WE	ERE FINDINGS CAUSES OF D	CONSIDERED DEATH?	
MEDICAL CERTIFICATION	THE SIGNIFIC OF THE DEAT DISEASE OR COLORED THE DISEASE OR COLORED THE DISEASE OF THE DISEASE	NDING TO DEATH nean the mode of enio, etc. It mean offen which caused  CEDENT CAUSE CONDITIONS, IF / OVE CAUSE (A) S CONDITION LAST.  II ANT CONDITIONS TH BUT NOT RE NOTION CAUSIN' RATION 179B. COI WAS PEI	H of dying, e.g., is the disease, i death.)  ES ANY, GIVING STATING THE ELATED TO THE ELATED TO THE IG IT. NOTITION FOR REFORMED  21 B. home etc.)	(C)	20A. AUT  [e.g., in ar about 2: eet, affice bldg., IN	OPSY? (Yes or N NO 10, WHERE DID NJURY OCCUR?	o) 208. IF YES, WEIN CERTIFYING	ERE FINDINGS CAUSES OF D	CONSIDERED DEATH?	
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL  ME	LEA  This does not me out foilure, as the notice of the no	NDING TO DEATH nean the mode of enio, etc. It mean offen which caused  CEDENT CAUSE CONDITIONS, IF / OVE CAUSE (A) S CONDITION LAST.  II ANT CONDITIONS TH BUT NOT RE NOTION CAUSIN' RATION 179B. COI WAS PEI	H of dying, e.g., is the disease, is the disea	OUE TO  (B)  (C)  NG THE  WHICH OPERATION  PLACE OF INJURY 2, lam, lactory, str	20A. AUT  [e.g., in ar about 2: eet, affice bldg., IN	OPSY? (Yes or N NO	o) 208. IF YES, WEIN CERTIFYING	ERE FINDINGS CAUSES OF D	CONSIDERED DEATH?	
MEDICAL CERTIFICATION  WEDICAL CERTIFICATION  WEDICAL CERTIFICATION  MEDICAL CERTIFICATION	LEA  This does not me out foilure, as the notice of the no	ADING TO DEATH nean the made al enio, etc. It mean official that the mode of enio, etc. It mean official that the mode of conditions, if a OVE CAUSE (A) S CONDITIONS, IF a OVE CAUSE (A) S CONDITIONS (A) III ANT CONDITIONS TH BUT NOT R INDITION CAUSIN RATION 198. COI WAS PEI USE WAS CONTRIB- F DEATH,	H  of dying, e.g., is the disease, i death.)  ES  ANY, GIVING STATING THE  S CONTRIBUTII ELATED TO T  IG IT.  NDITION FOR RFORMED  21 B. home etc.)  at) (Haur) 2  m.)	OUE TO  (B)  (C)  NG (HE  WHICH OPERATION  PLACE OF INJURY  , lam, lactory, str.  PLE, INJURY OCCUR  WHILE AT	20A. AUT  (e.g., in ar about 21 eet, affice bldg., IN  RRED 21	OPSY? (Yes or N NO 1C, WHERE DID NJURY OCCUR?	o) 208. IF YES, WEIN CERTIFYING	ERE FINDINGS CAUSES OF D	CONSIDERED DEATH?	
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL  MILL OF 12  MEDICAL	LEA  This does not me out foilure, as the notion of the no	ADING TO DEATH nean the made al enio, etc. It mean official that the mode of enio, etc. It mean official that the mode of conditions, if a OVE CAUSE (A) S CONDITIONS, IF a OVE CAUSE (A) S CONDITIONS, IF a OVE CAUSE (A) S CONDITIONS THE MATERIAL TO THE METERIAL TO THE ME	H  of dying, e.g., is the disease, i death.)  ES  ANY, GIVING STATING THE  S CONTRIBUTII ELATED TO T IG IT.  NDITION FOR RFORMED  21B. home etc.)  or) (Haur) 2  m. \  Inquiry	NG THE  WHICH OPERATION  PLACE OF INJURY p, lam, lactory, street, lam, lam, lactory, street, lam, lactory, street, lam, lam, lam, lactory, street, lam, lam, lactory, lam, lam, lam, lactory, lam, lam, lam, lam, lam, lam, lam, lam	20A. AUT  (e.g., in ar about 2' eet, alfice bldg., IN  RRED 21  NOT WHILE 21  Autopsy 4	OPSY? (Yes or N NO 1C, WHERE DID NJURY OCCUR?	(If in Boltimore C	ERE FINDINGS CAUSES OF D ity, give exact	CONSIDERED DEATH?	
MEDICAL CERTIFICATION  JUN 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEA  This does not me out foilure, as the injury or complication of the complication of the complication of the complication of the complete o	ADING TO DEATH nean the mode of enio, etc. It mean offen which caused CEDENT CAUSE CONDITIONS, IF OVE CAUSE (A) S CONDITION LAST.  II ANT CONDITIONS TH BUT NOT R INDITION CAUSIN RATION 198 COI WAS PEI  LUSE WAS CONTRIB- F DEATH, onth) (Doy) (Year  Chat I held an fram: Natural co	H  of dying, e.g., is the disease, i death.)  ES  ANY, GIVING STATING THE  S CONTRIBUTII ELATED TO T IG IT.  NDITION FOR REFORMED  21B. home etc.)  on) (Haun) 2  m. )	NG THE  PLACE OF INJURY THE INJURY OCCUP WHILE AT	(e.g., in ar about 2 eet, affice bldg., IN  RRED 21  NOT WHILE 21  Autopsy 4  uicide 4  CHIE	OPSY? (Yes or N NO TIC. WHERE DID NJURY OCCUR?  IF. HOW DID IN and that an Imicide  IF MEDICAL IT MEDICAL	O) 20B. IF YES, WE IN CERTIFYING  (If in Baltimare C)  IJURY OCCUR?  this basis, death  Undetermined r  EXAMINER   EXAMINER   EXAMINER	ERE FINDINGS CAUSES OF D ity, give exact	CONSIDERED DEATH? location)	D
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  THE STATE OF THE STATE O	LEA  This does not me out foilure, as the notion of the no	DING TO DEATH  nean the mode of enio, etc. It mean on the mode of enio, etc. It mean of the mode of th	Hof dying e.g., is the disease, is the disease of the diseas	OUE TO  (B)  (C)  NG THE  WHICH OPERATION  PLACE OF INJURY 2, larm, lactory, str  PLE, INJURY OCCUR WHILE AT  Inspection  Accident  St	(e.g., in ar about 21 eet, affice bldg., IN  RRED 21  NOT WHILE 21  Autopsy 4  uicide 4  CHIE  M.D. ASSISTAN  ASSOCIAT	OPSY? (Yes or N NO TIC, WHERE DID NIJURY OCCUR?  IF, HOW DID IN and that an Imicide  IF MEDICAL IT MEDICAL ITE MEDICAL	O) 20B. IF YES, WE IN CERTIFYING  (If in Baltimare C)  IJURY OCCUR?  this basis, death  Undetermined r  EXAMINER   EXAMINER   EXAMINER	ERE FINDINGS CAUSES OF D ity, give exact	CONSIDERED PEATH?  lacation)  DATE SIGNE  12-12-66	



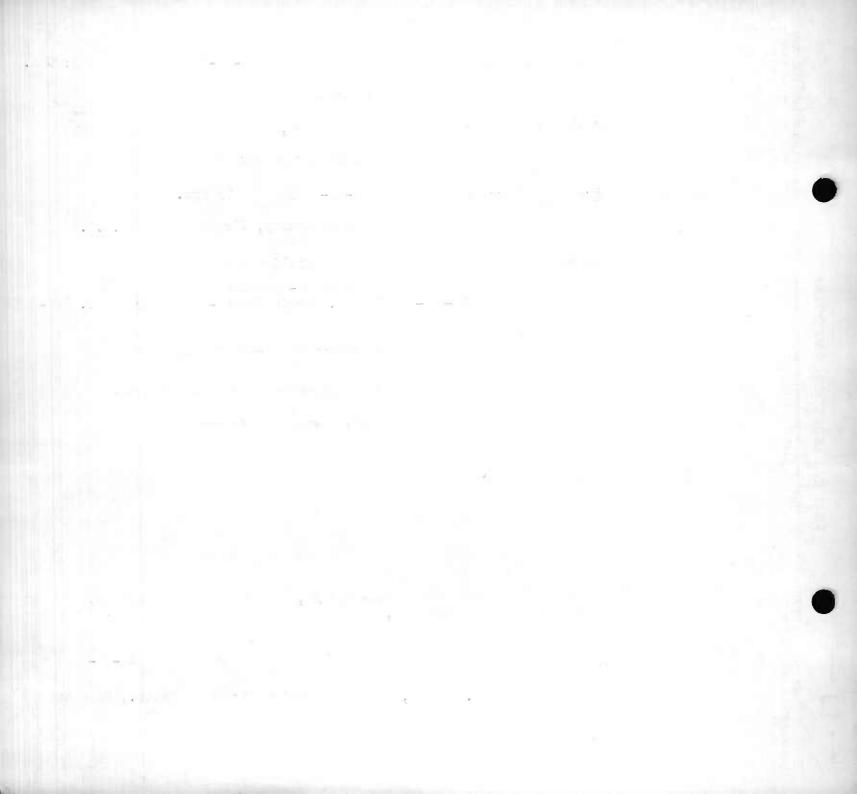
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



EXAMINER'S

NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify)

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

WERNER U. SPIZZ, M.D.

248, NAME OF REGISTRAR

238. DATE

23C. NAME OF CEMETERY OF CREMATORY

		1100			
NI	-	41	BIRTH	NO.	
- 4		10	- The c	-	

BALTIMORE CITY HEAD	LTH DEPARTMENT
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (MCGHEE)	2. DATE AND HOUR PRONOUNCED DEAD
THELMA LEWIS WILLI	AMS 12-11-66 8:20 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
JOHNS HOPKINS HOSPITAL - DOA	Baltimore D. STREET ADDRESS (If rurol, give lacotion)
90	128 Carver Road
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yı, If Under 24 Hrs. Months, Doys   Hours   Min.
FEMALE Colored W. Joured	Dec 27, 1920 45
done during most of working life, even if retired)	Brigh O WOW Mee I VO
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Scott McGee	Dennie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mr. Donnie Williams 2027 CliFtwa
IB. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  (This does not meen the mode of dying, e.g., DUE TO	atty alteration of liver
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Partia1  Yes
21 A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Baltimore City, give exact location)
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE D
	tapsy X and that an this basis, death in my apinlan
resulted from: Natural causes X Accident Suicid	
1100 01 Call	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUNUTUS M.D	ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

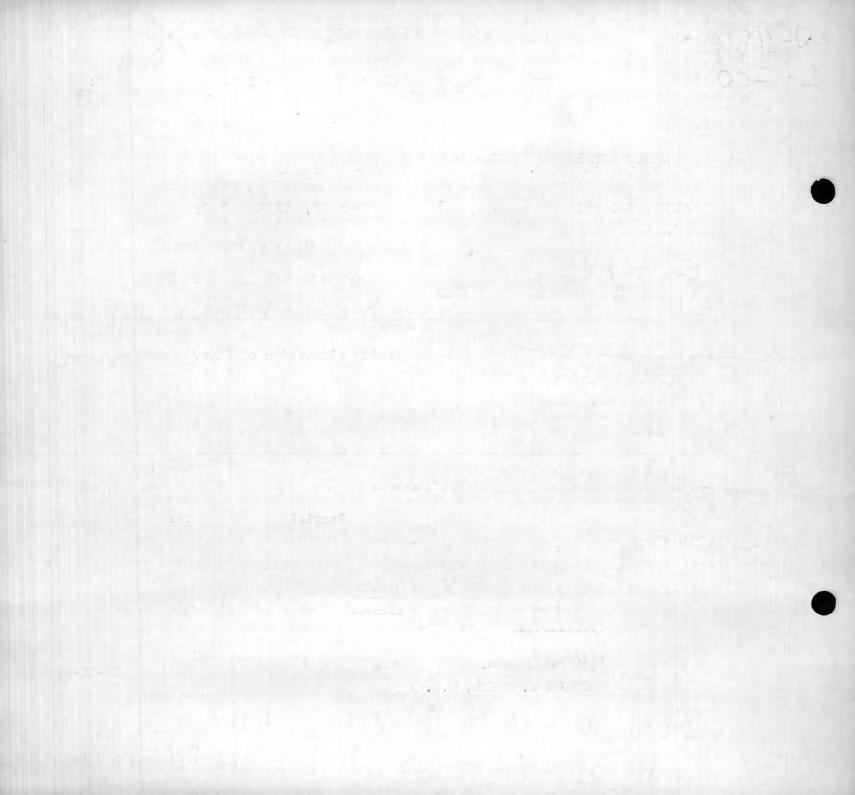
23D. LOCATION

12-12-66

ADDRESS

(Stote)

(City, town, or county)



IMPORTANT

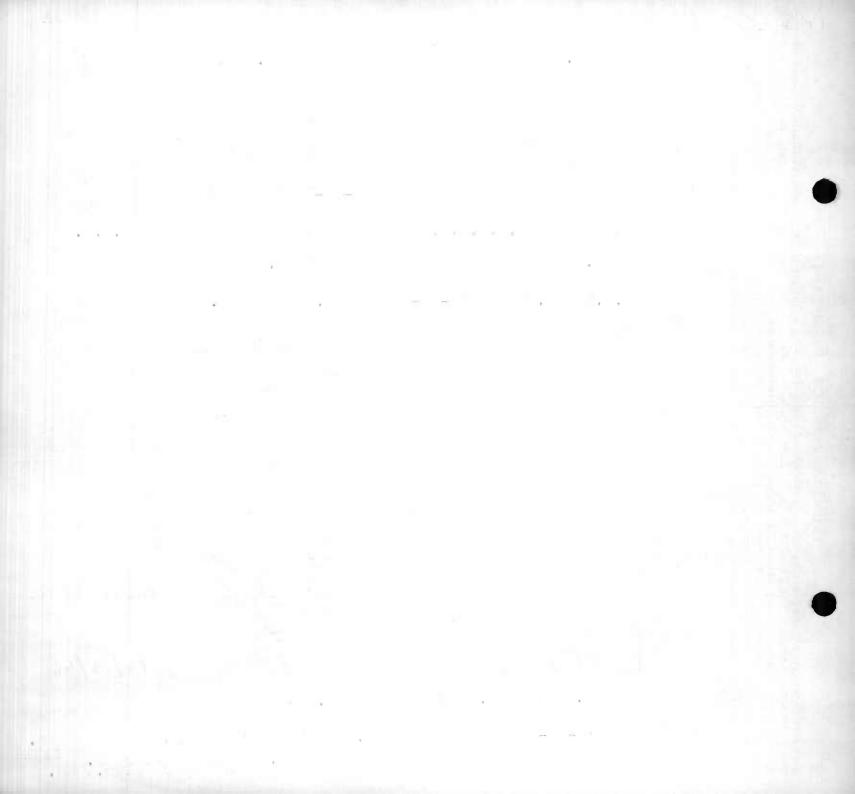
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

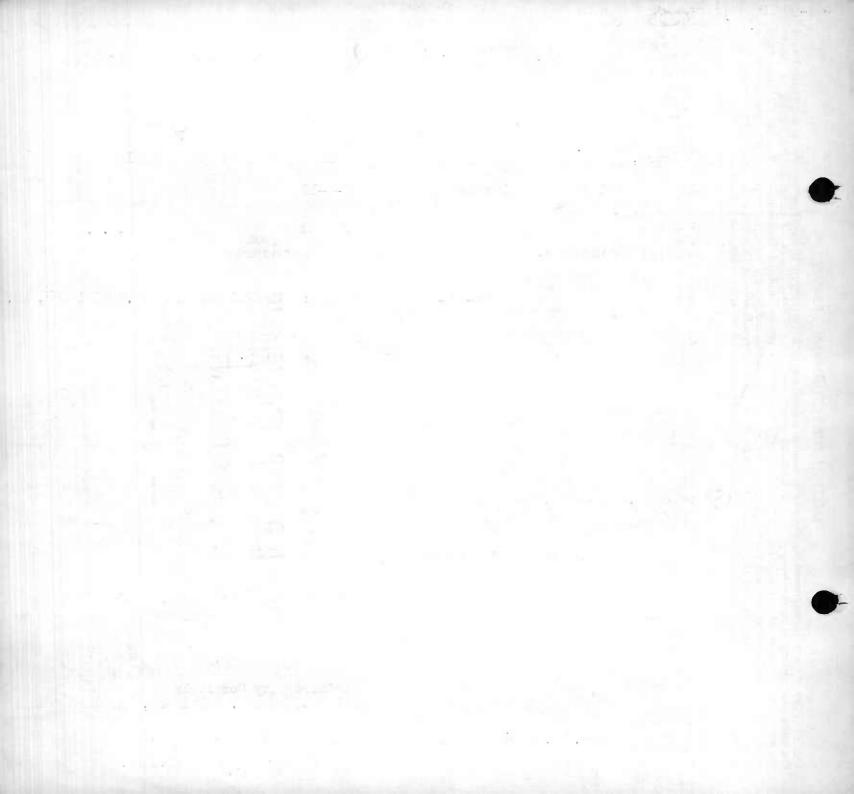
- Verlan --A 20 % 3 

VS 150-REV. 1/1/65



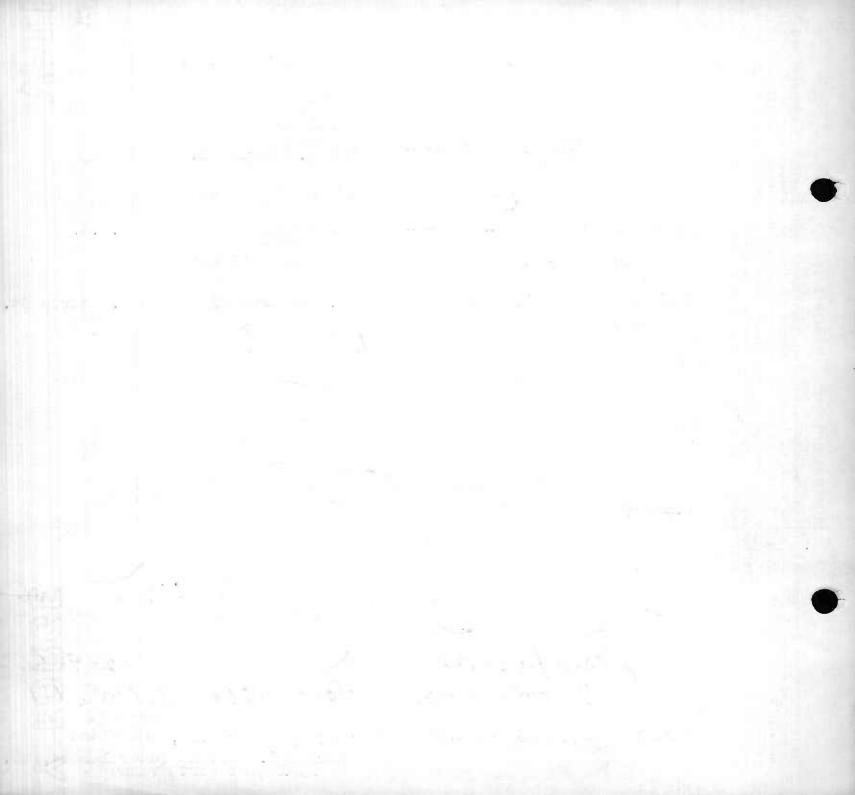
VS 150-REV. 1/1/65

1/17/67 - Squamous cell Ca., To ding - Information from Bon See Hasp. Letter in Document File - Rur of Biostatistics amelican Blog. &.



FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 66 12494	BALTIMORE CIT	TY HEALTH DEPARTMENT	CC 10101
BIRTH NO.  M.E. CASE NO.  I. NAME OF DECEASED	CERTIFICA	ATE OF DEATH Registered No.	66 12494
(Type or Print) Thomas L.	Flynn	December 8, 1	9661
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location) INSTITUTION	lution, give street	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write B Baltimore	17-04
- / Beaulatin Garage		D. STREET ADDRESS (If rurol, give location)	
36 Franklin Squar	re Hospital	525 S. Monroe St.	#21223
	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H
	Jarried (specify)	4/2/1895   lost birthdoy)	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108. KH			12. CITIZEN OF
lone during most af warking (ife, even if retired)			WHAT COUNTRY?
Tavern Owner		Maryland	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Flynn		Mary Gibbons	
5. Wes Decesed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) ((I yes, give war ar dates of se	1		
Yes 4/22/18 To 7/12/	119 217-07-938		
18.422,11	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		ASCO	
LEADING TO DEATH	(A)	11 /00 //	-,
(This does not mean the mode of dying, heart foilure, osthenio, etc. fl means the di			
injury or complication which caused death.			
ANTECEDENT CAUSES	(B)		¥
DISEASES OR CONDITIONS, if ony,	DUE TO		
rise to the abave couse (A) stating			
UNDERLYING CONDITION last.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· q x x x x q q q q q q q q q q q q q q
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING O THE		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING	219 BLACE OF INTHENY	is as should C WHERE DID (If is R-16)	Gir.
OR CONTRIBUTING CAUSE OF	hame, larm, foctory, street,	office bldg., INJURY OCCUR?	City, give exoct location)
DEATH (natily medical examine)	etc.)		
21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX)	While At Not W		
	Work Al Wor	, , ,	2. 1
22. I certify that (I) (this hospital) atten	nded the deceased fram	March 19 66 10	-EC 8 19 61
that (I) (we) last saw the deceased allve	o on Llec	19 66 and that in (my) (out) api	nian death accurred an the d
	/		
and haur and from the sauses stated abo	ove. (I) (majorina) (did nat)	view the bady after death.	Took BATE GOVERN
23A. SIGNATURE	mil.		23B. DATE SIGNED
6 Carll Pa	20 /11/ M.D. A	Med. Stoff Phys.	12-4-61
23C. PHYSICIAN'S NAME (Type) I. EAR.	L PAS M.E	23D. ADDRESS	we but Mil
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D, LOCATION (Ci	ly, town, ar county) (State
REMOVAL (Specify)			
Burial 12/12/66	New Cathedra	l Cemetery Baltimore,	Maryland
SA. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR		uneral Home, In
DEC 1 4 1966 12 0	Myellott, 3 th	1501 East Fort A	venue, II
/S 150-REV. 1/1/65		TOT DESCRIPTION	1 VIIIVO



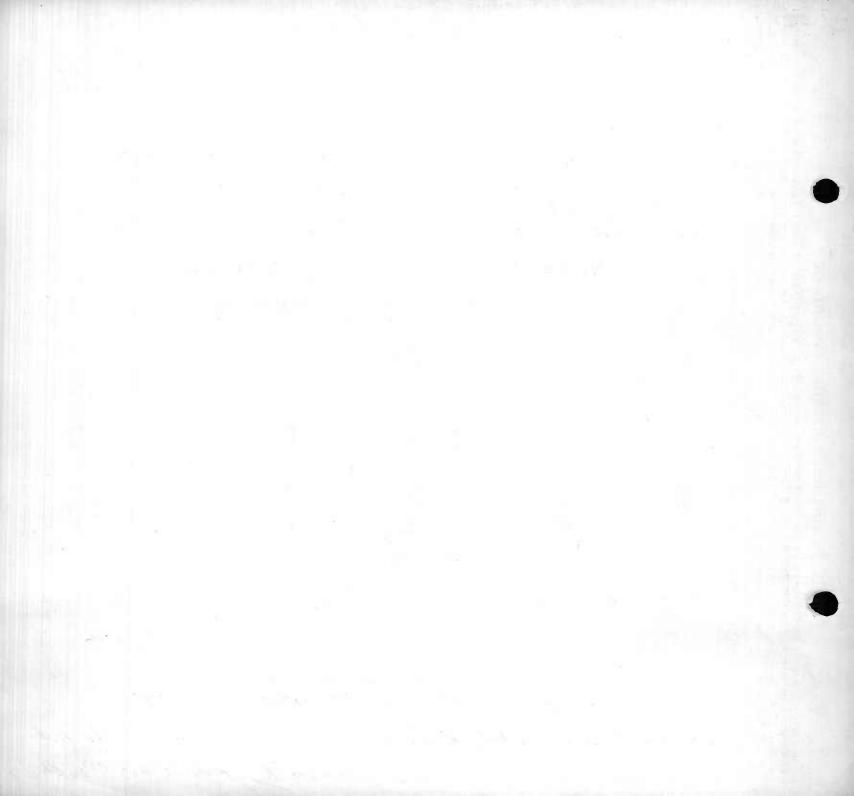
VS 150-REV. 1/1/65

a haspital and

00 40405	BALTIMORE CITY H	EALTH DEPARTMENT		00 10 10
BIRTH NO. 66 12495	CERTIFICAT	E OF DEATH	Registered No.	66 12495
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	h	2. DATE AND	HOUR OF DEATH	778m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14	USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before admission)
FULL NAME OF (If not in hospital or institution, and address or location)	give street	1442 Russ COUNTY	chard &	RAL and give township!
institution Century Ho	me ilra	Balta	mare	ma
102 N. Paca	St	D. STREET ADDRESS (If ru	rol, give location)	24-01
	DEVER MARRIED  B.  DIVORCED (specify)		AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY IT	. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Riverer and.	Dr-Ydock	Kuss1.	2	RUSS12
13. FATHERS NAME	14	MOTHER'S MAIDEN NAM		
Hudren Pro	edich	Sophie	Prad	104
5. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give war or dates of service)	SECURITY NO			
No -	215-10-9111	Mrs Kosalie R.	Pradich 1	442 Richardson ST.
18.260 Y	CAUSE OF		^	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Cou	dio - Mespi	raon tail	ling
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease,	DUE TO COLE	esel vase	las Ac	celent
injury ar camplication which coused death.)		12.10 h	00.1	
ANTECEDENT CAUSES	DUE TO	in seres 11	wancs	
DISEASES OR CONDITIONS, if ony, giving	re le	ymor di	GIINI	
rise to the obave cause (A) stating the UNDERLYING CONDITION lost.	(C)			
II TO THE RESERVE TO				
O THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in of e, form, factory, street, offic	r obout 21 C. WHERE DID e bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation
OF INJURY (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) Whi	le At Work			
22. 1 certify that (1) (this haspital) attended the		Pec 1 10	66 10 D	ec > 1966
that (I) (we) lost saw the deceased alive an	Der 7	^ /		on deoth accurred on the dat
	\ /W		m (my) (our opini	on death accorred on the day
ond hour and from the couses stated abave. (1 23A, SIGNATURE	) (mer (are) (did not) vie	w the body offer deoth.		23B. DATE SIGNED
1110 10	M.D. Attend	ing Med. S	off a	12/8/66
pullar apply	Phys.	Director P	hys.	12/8/06
23C. PHYSICIAN'S NAME (Type)	. / /	D. ADDRESS	1/ 3. 4	0
Willand topice te	M.D.	101 Vark	Height	5 1
24A. BURIAL CREMATION. 24B. DATE 24C. NA	ME OF CEMETERY OF CREM	24D. LO		, town, or county) (State)
Buri2 12/10/69 Sac	red Heart	Censtery Bo	ulligary	, 17d.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR	STEVENSI	Funeral Postson +, In
DFC 14 1955 (R.P. 6	E. Viceleania	1001	E FANT	Bushes

Buriet Willes Socred Heart Contrag Collisor + 17th

Charles L. Stevens Favour He



	-	30 10	A O FI								//3 7 /	
IRTH NO.		6612	497		CERTIFICA	TE OF	DEATH	Regist	ered Na.	00 1	2497	
A.E. CASI	OF DECEA	SED	_				2. DATE	AND HOUR C	DE DEATH	_		
ype or P	Print Sis		Pern	etua Cr	iolla					4.4	1 - 30	p
		H IN BALTIM	-		20114	T4. USUAL R	Dec (W	ember 9	lived If in	stitution: Jesi	1:30	
	NAME OF			ı institution, g	uve street	A. STATE Mary	8. CO	UNTY		B	Its	200
HO SPIT	TAL OR	oddiess	or location)			C. CITY OR	TOWN (If	outside city lin	nits, write	RURAL ond	give township	0)
		Agnes	Hospi	tal		Balti	more			53	-00	
		& Wilk				D. STREET A	ADDRESS	(If iurol, give l	ocotion			
10	,			2122	9	701 G	un Road	. 1127	(Obl:	ate Sis	ters)	
. SEX	6	RACE	7	A MARRIED.	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In	yeois	If Under	Yr. If Un	der 24 F
F		N			DIVORCEO (specify)	3/16/		lost birthdoy	()	Months	loys Hours	Min.
		ATION (Give k		OB. KINO OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	ACE (State or fo	oreign country)		12. CITIZE	N OF COUNTRY?	
		rking life, even	it retired)	057-+-	Sisters	1.1000	/	.11	2.1	WHAI	COUNTRY	
NU 3. FATHE	ER'S NAME			Oolate	olsters	14. MOTHER	S ANAIDEN N	LAME	MAK			
4	1					13	100	ANIE /	1	11		
11	ME	nous	2			MU	un	0 (1	LIST	la		
5. W6 D	unknown)	ver in U. S. /	Armed Force	of service)	1 6. SOCIAL	17. INPORM	NT		0	1	DDRESS	,
espilo of (	UNKNO WII/ (I	yes, give w	of or doles	OI 261AICGI	SECURITY NO.	mi	the	711 7		1 01	114	
124 2						1160	net)	11 40	ree	11/	of All	nx
18.	-41	X			CAUSE O	F DEATH	kop			IN O	TERVAL BET	DEATH
		OR CONDI		CTLY	B		0.				*	
	LI	EADING TO	DEATH		(A)	nc	aco p	ne	coc	core	ua.	-
		mean the	made of	dvina. e.a	OUE TO							**********
heart					006 10							
		sthenia, etc.	II means I	the disease,	008 10							
	ar campl	sthenia, etc. ication which	II means I h caused	the disease,	000							
	ar campl	sthenia, etc.	II means I h caused	the disease,	(8) OUE TO	<del></del>		880 0000 88 m 0 m 0 0 0 0 0 0 m m m				h) O from O O on O O O O O
DISEA	ar campl An	sthenia, etc. icalian which ITECEDENT CONDITIO	II means I h caused ( CAUSES NS, if a	the disease, death.) ny, giving	(8) OUE TO	*************************		880 000 000 000 000 000 000 000 000 000				\$ 0 0 m 0 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEA	AR ASES OR Io the	sthenia, etc. ication which NTECEDENT CONDITIO abave cau	II means I h caused of CAUSES INS, if a use (A)	the disease, death.) ny, giving	(8) OUE TO							
DISEA	AR ASES OR Io the	sthenia, etc. icalian which ITECEDENT CONDITIO	II means I h caused of CAUSES INS, if a use (A)	the disease, death.) ny, giving	(8) OUE TO							
DISEA rise	AR ASES OR Io the	sthenia, etc. ication which NTECEDENT CONDITIO abave cau	II means I h caused of CAUSES INS, if a use (A)	the disease, death.) ny, giving	(8) OUE TO				******			000000000000000000000000000000000000000
DISEA rise UNDI	ASES OR IO THE DERLYING ER SIGNIFIC	sthenia, etc. ication which NTECEDENT CONDITIO abave cau CONDITION	CAUSES  NS, if a use (A)   last.	the disease, death.)  ny, giving stating the	(B)							
DISEA rise UNDI	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA	sthenia, etc. ication which NTECEDENT CONDITIO abave cau CONDITION	CAUSES ONS, if a use (A) I last.	ny, giving stating the	(B)							
DISEA rise UNDI	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO	sheria, etc. ication which TECEDENT CONDITIO abave cau CONDITION  CANT COND TH BUT N OND TION C PPERATION	II means I h caused of CAUSES  ONS, if a use (A) I last.  ONTONS CONTRIBLATIONS CONTRIBLATIONS IT.	the disease, death.)  my, giving stating the DNTRIBUTING TO THE DITTON FOR W	(B)		OPSY? (Yes or	No. 208. IF Y	ES, WERE	FINDINGS	ONSIDERED	
DISEA rise UNDI	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO	sheria, etc. ication which TECEDENT CONDITIO abave cau CONDITION  CANT COND TH BUT N OND TION C PPERATION	II means In h caused (CAUSES)  ONS, if a use (A) I last.  ONTONS CONTRIBUTIONS CONTRIB	the disease, death.)  my, giving stating the DNTRIBUTING TO THE DITTON FOR W	(B) OUE TO (C)			No. 208. IF Y	ES, WERE	FINDINGS C	ONSIDERED ATH?	
DISEA ITSE UNDI	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO  ACCIDENT	STATE OF THE PRESENT OF T	II means In h caused of CAUSES  INS, if a use (A) I last.  Intions Continues	the disease, death.)  ry, giving stating the house of the control	(B) OUE TO (C)	20 A. AUT	OPSY? (Yes or	No) 208. IF Y	ES, WERE	FINDINGS C USES OF DE e City, give	ATH?	n)
DISEATISE UNDI	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO	SINEMENT OF THE PROPERTY OF TH	II means In h caused (CAUSES) INS, if a use (A) I last.  DITIONS CONOT RELATAUSING IT.  198. COND WAS PERFO	the disease, death.)  my, giving stating the death of the	(B) OUE TO (C)	20 A. AUT	OPSY? (Yes or	No) 208. IF Y	ES, WERE	USES OF DE	ATH?	n)
DISEATION OTHER TO OT	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CODATE OF CO  ACCIDENT ONTRIBUTE H (notify m	STATE OF THE PROPERTY OF THE P	II means In h caused in CAUSES  INS, if a use (A) I last.  Intions CONTROL RELATIONS TO TRELATIONS IT.  198. COND WAS PERFORMAN PERFORMA	the disease, death.)  ny, giving stating the distribution of the control of the c	(B) OUE TO (C)	20 A. AUT	OPSY? (Yes or	No) 208. IF Y	ES, WERE	USES OF DE	ATH?	n)
DISEATION OTHER TO SEATION OR COLOR OR	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO  ACCIDENT ONTRIBUTI H (notify m	SINEMENT OF THE PROPERTY OF TH	II means In h caused in CAUSES  INS, if a use (A) I last.  Intions CONTROL RELATIONS TO TRELATIONS IT.  198. COND WAS PERFORMAN PERFORMA	the disease, death.)  ny, giving stating the distribution of the control of the c	(B) OUE TO (C) WHICH OPERATION  PLACE OF INJURY (e.g., i form, foctory, street, o	20 A. AUT	OPSY? (Yes or	No) 208. IF Y	ES, WERE FYING CA in Baltimor	USES OF DE	ATH?	n)
DISEATION OTHER TO OT	ASES OR IO THE DEAL ASE OR CODATE OF CONTRIBUTE H (notify manager)	STATE OF THE PROPERTY OF THE P	II means In h caused in CAUSES  INS, if a use (A) I last.  Intions CONTROL RELATIONS TO TRELATIONS IT.  198. COND WAS PERFORMAN PERFORMA	the disease, death.)  my, giving stating the control of the contro	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e. form, foctory, street, o injury) INJURY OCCURRED  LE AL Not While	20 A. AUT	OPSY? (Yes or	No) 208. IF Y	ES, WERE FYING CA in Baltimor	USES OF DE	ATH?	n)
DISEATION OF IN (A PPRI	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO  ACCIDENT CONTRIBUTI H (notify m  TIME JURY ROX.)	SINEMENT OF THE PROPERTY OF TH	II means In a caused in caused in caused in CAUSES  INS, if a juse (A) I last.  Institute in the caused in the cau	ny, giving slaling the DNTRIBUTING THE DOTTO THE DOTTON FOR WORKED  218. hometc.)  (Hour) 218. Whit Work	(B) OUE TO (C) WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o	20 A. AUT	OPSY? (Yes or D. WHERE DID URY OCCUR?	No) 208. IF Y IN CERTI	ES, WERE FYING CA in Baltimon	e City, give	exoct locofion	
DISEATISE UNDI OTHE TO	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO  ACCIDENT CONTRIBUTI H (notify m  TIME JURY ROX.)	SINEMENT OF THE PROPERTY OF TH	II means In a caused in caused in caused in CAUSES  INS, if a juse (A) I last.  Institute in the caused in the cau	ny, giving slaling the DNTRIBUTING THE DOTTO THE DOTTON FOR WORKED  218. hometc.)  (Hour) 218. Whit Work	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e. form, foctory, street, o injury) INJURY OCCURRED  LE AL Not While	20 A. AUT	OPSY? (Yes or D. WHERE DID URY OCCUR?	No) 208. IF Y IN CERTI	ES, WERE FYING CA in Baltimon	e City, give	exoct locofion	
DISEATION OF IN. (APPRIL	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO  ACCIDENT ONTRIBUTI H (notify m TIME TIME TIME TO CO  Certify th	STATE OF THE PROPERTY OF THE P	II means In h caused in CAUSES  INS, if a use (A) I last.  Intions CONTRICATIONS CONTRICATIONS IT.  Intions CONTRICATION INTIONS IT.  Intions CONTRICATION INTIONS IT.  Intions CONTRICATION INTIONS IT.  Intions CONTRICATION INTIONS IT.  Intions Intions Intions Intions It.  Intions Intions Intions Intions It.  Intions Intions Intions Intions Intions Intions It.  Intions Int	ny, giving stating the DNTRIBUTING TED TO THE DITION FOR WORMED  218. hom: etc.) (Hour) 21E, Whit World	(B) OUE TO (C) WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o	20A. AUT n or obout 21C ffice bldg., INJ	OPSY? (Yes or C. WHERE DID URY OCCUR?	No) 208. IF Y IN CERTI (If	ES, WERE FYING CA	e City, give	ATH?	19
DISEATION OF IN (APPRIL	ASES OR IO THE DEA ASE OR CODATE OF CONTRIBUTION TRIBUTION TRIBUTION TO CONTRIBUTION TO CONTRI	Sheria, etc. ication which condition can condition the condition c	II means the caused of CAUSES  INS, if a use (A) I last.  Intions CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF	ny, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. hom. etc.)  (Hous) 21E. Whit World attended the datended the decoration of the datended th	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o  INJURY OCCURREO  le At Work  At Work  de deceased fram	20 A. AUT n or obout 21 C ffice bldg., INJ 21 F	OPSY? (Yes or C. WHERE DID URY OCCUR? . HOW DIO I	No) 208. IF Y IN CERTI	ES, WERE FYING CA	e City, give	ATH?	19
DISEATION OF IN (APPRIL 210. Time (APPRIL 210. T	ASES OR IO THE DEFLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO ACCIDENT ONTRIBUTI H (notify m TIME IJURY ROX.)  certify th (I) (we) Ic	Sheria, etc. ication which condition can condition condi	II means the caused of CAUSES  INS, if a use (A) I last.  Intions CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF	ny, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. hom. etc.)  (Hous) 21E. Whit World attended the datended the decoration of the datended th	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o  INJURY OCCURREO  INJURY OCCURREO  IN At Work  we deceased from	20 A. AUT n or obout 21 C ffice bldg., INJ 21 F	OPSY? (Yes or C. WHERE DID URY OCCUR? . HOW DIO I	No) 208. IF Y IN CERTI	ES, WERE FYING CA	e City, give	exoct locohor	19
OTHE TO OISEA OR CCO DEATH (APPRIL 22, I that (and h	ASES OR IO THE DEA ASE OR CODATE OF CONTRIBUTION TRIBUTION TRIBUTION TO CONTRIBUTION TO CONTRI	Sheria, etc. ication which condition can condition condi	II means the caused of CAUSES  INS, if a use (A) I last.  Intions CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF	ny, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. hom. etc.)  (Hous) 21E. Whit World attended the datended the decoration of the datended th	(B) OUE TO (C)  VHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o e to the control of the c	20A. AUT n or obout 21C ffice bldg., INJ 21F	OPSY? (Yes or UNITY OCCUR?  HOW DIO I	No) 208. IF Y IN CERTI (If NJURY OCCU	ES, WERE FYING CA	e City, give	exoct locohor	19
NOTHER TO OTHER TO OR CCO DEATH (APPRIL 22, I that (and h	ASES OR IO THE DEFLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO ACCIDENT ONTRIBUTI H (notify m TIME IJURY ROX.)  certify th (I) (we) Ic	Sheria, etc. ication which condition can condition condi	II means the caused of CAUSES  INS, if a use (A) I last.  Intions CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF	ny, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. hom. etc.)  (Hous) 21E. Whit World attended the datended the decoration of the datended th	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o  INJURY OCCURREO  INJURY OCCURREO  IN At Work  in deceased fram  (We) (did) (did nat) v  M.O. Attr	20A. AUT n or about 21C ffice bldg., INJ 21F	OPSY? (Yes or C. WHERE DID URY OCCUR? . HOW DIO I	No) 208. IF Y IN CERTI	ES, WERE FYING CA	e City, give	exoct locohor	19
NOTHER TO OTHER TO OR CCO DEATH (APPRIL 23A, SI	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO ACCIDENT ONTRIBUTI H (notify m TIME IJURY ROX.)  Certify th (I) (we) Ic hour and	Sheria, etc. ication which ITECEDENT CONDITIO abave cau CONDITION II CANT COND ATH BUT N ONDITION C. DEFRATION WAS UNDE NG CAUS nedicol examin Month) (Doy not (I) (this fram the cau	II means the caused of CAUSES  INS, if a use (A) I last.  Intions CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF	ny, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. hom. etc.)  (Hous) 21E. Whit World attended the datended the decoration of the datended th	(B) OUE TO (C)  VHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o e to the control of the c	20A. AUT n or about 21C ffice bldg., INJ 21F	OPSY? (Yes or UNITY OCCUR?  HOW DIO I  and by after deat	No) 208. IF Y IN CERTI (If NJURY OCCL 19 11 that in (my)	ES, WERE FYING CA	e City, give	exoct locohor	19
NOTHER TO OTHER TO OR CCO DEATH (APPRIL 23A, SI	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO  ACCIDENT ONTRIBUTH H (notify m TIME (I) (we) IC Certify th (I) (we) IC CHARLES OR CO	Sheria, etc. ication which control of the care care condition cond	II means the caused of CAUSES  INS, if a use (A) I last.  Intions CONTRICATIONS CONTRICATIONS OF TREATIONS OF	ny, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. hom. etc.)  (Hous) 21E. Whit World attended the datended the decoration of the datended th	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o e.g., i work  INJURY OCCURREO  IN At Work  At Work  M.O. Attr.  Phy	20A. AUT n or obout 21C ffice bldg., INJ 21F 21F 21F 21F 22T 23D. ADDRESS	OPSY? (Yes or UNITY OCCUR?  HOW DIO I  and by after death  Med. Oirector	No) 208. IF Y IN CERTI (If NJURY OCCU	ES, WERE FYING CA	e City, give	exoct locohor	19
NOTHER TO OTHER TO OR CCO DEATH (APPRIL 23A, SI	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO  ACCIDENT ONTRIBUTH H (notify m TIME (I) (we) IC Certify th (I) (we) IC CHARLES OR CO	Sheria, etc. ication which control of the care care condition cond	II means the caused of CAUSES  INS, if a use (A) I last.  Intions CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF CONTRELATIONS CONTRELATIONS IT.  INTERPORT OF	ny, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. hom. etc.)  (Hous) 21E. Whit World attended the datended the decoration of the datended th	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o  INJURY OCCURREO  INJURY OCCURREO  IN At Work  in deceased fram  (We) (did) (did nat) v  M.O. Attr	20A. AUT n or obout 21C ffice bldg., INJ 21F 21F 21F 21F 22T 23D. ADDRESS	OPSY? (Yes or UNITY OCCUR?  HOW DIO I  and by after deat	No) 208. IF Y IN CERTI (If NJURY OCCU	ES, WERE FYING CA	e City, give	exoct locohor	19
NO THE TISE UNDIVIDUAL TO THE TISE UNDIVIDUAL	ASES OR IO THE DERLYING  ER SIGNIFIC THE DEA ASE OR CO DATE OF CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  Certify th (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH  TIME (I) (We) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH  TIME O	WAS UNDE NG CAUS CAUS CAUS CAUS CAUS CAUS CAUS CAUS	II means the caused of CAUSES  (NS, if a use (A) I last.  (NITIONS CONTRICTED OF THE	my, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. Whit Work (Hour) 21E. Whit work (Hour)	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o e.g., i work  INJURY OCCURREO  IN At Work  At Work  M.O. Attr.  Phy	20A. AUT n or obout 21C ffice bldg., INJ 21F 21F 21F 21F 22D. ADDRESS St. A	OPSY? (Yes or URY OCCUR?  HOW DIO I  and by after death  Med. Oirector  S  Agnes Ho	No) 208. IF Y IN CERTI (If NJURY OCCU	ES, WERE FYING CA	e City, give	accurred a	19
NO THE TISE UNDIVIDUAL TO THE TISE UNDIVIDUAL	ASES OR IO THE DEALYING  ER SIGNIFIC THE DEALYING  ASE OR CO DATE OF CO  ACCIDENT ONTRIBUTI H (notify m TIME TIME TIME TIME TIME TIME TIME TIME	WAS UNDE NG CAUS CAUS CAUS CAUS CAUS CAUS CAUS CAUS	II means the caused of CAUSES  (NS, if a use (A) I last.  (NITIONS CONTRICTED OF THE	my, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. Whit Work (Hour) 21E. Whit work (Hour)	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o  INJURY OCCURREO  le At Work  At Work  M.O. Attr. Phy  M.D.	20A. AUT n or obout 21C ffice bldg., INJ 21F 21F 21F 21F 22D. ADDRESS St. A	OPSY? (Yes or URY OCCUR?  HOW DIO I  and by after death  Med. Oirector  S  Agnes Ho	No) 208. IF Y IN CERTI (If NJURY OCCU	ES, WERE FYING CA	e City, give	accurred a	19
NO THE TISE UNDIVIDUAL TO THE TISE UNDIVIDUAL	ASES OR IO THE DEALYING  ER SIGNIFIC THE DEAL ASE OR CO DATE OF CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  Certify th (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH	WAS UNDE NG CAUS CAUS CAUS CAUS CAUS CAUS CAUS CAUS	II means the caused of CAUSES  (NS, if a use (A) I last.  (NITIONS CONTRICTED OF THE	my, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. Whit Work (Hour) 21E. Whit work (Hour)	(B) OUE TO (C)  WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o  INJURY OCCURREO  le At Work  At Work  M.O. Attr. Phy  M.D.	20A. AUT n or obout 21C ffice bldg., INJ 21F 21F 21F 21F 22D. ADDRESS St. A	OPSY? (Yes or URY OCCUR?  HOW DIO I  and by after death  Med. Oirector  S  Agnes Ho	No) 208. IF Y IN CERTI (If NJURY OCCU	ES, WERE FYING CA	e City, give	accurred a	19
NOTHER TO SEAT THE PROPERTY OF IN NOTHING APPRICAL TO SEAT THE PROPERTY OF IN NOTHING APPRICAL THE PROPERTY OF IN NOTHING APPRICATE THE PROPERTY OF IN THE PROPERTY OF IN THE PROPERTY OF IN THE PROPERTY OF INT NOTHING APPRICATE THE PROPERTY OF INT	ASES OR IO THE DEALYING  ER SIGNIFIC THE DEAL ASE OR CO DATE OF CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  Certify th (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH H (notify m  TIME (I) (we) IC  CHARLES OR CO  ACCIDENT ONTRIBUTH	WAS UNDE NG CAUS CAUS CAUS CAUS CAUS CAUS CAUS CAUS	II means the caused of CAUSES  (NS, if a use (A) I last.  (NOT RELATAUSING IT.  198. COND.  (Year)  (Year)  (Year)  (Year)  (Arin  (Ari	my, giving stating the DNTRIBUTING (ED TO THE DOTTION FOR WORKEO  21B. Whit Work (Hour) 21E. Whit work (Hour)	VHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o le At Work At Wo	20A. AUT n or obout 21C ffice bldg., INJ 21F 21F 21F 22D. ADDRESS St. A	OPSY? (Yes or URY OCCUR?  HOW DIO I  and by after death  Med. Oirector  S  Agnes Ho	No) 208. IF Y IN CERTI (If  NJURY OCCU  19 1  that in (my)  h.  Stoff Phys.  Spital LOCATION	ES, WERE FYING CA	e City, give	accurred a	19

mote me Leven " " " The Catherine in The Lotter Williams IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Herenath Kuhard Bell Kerjanin lite

	66 12499	1	BALTIMORE CIT	T HEALTH DEPARTMEN		66 12499
BIRTH NO. M.E. CASE NO.			CERTIFICA	TE OF DEATH	Registered Na.	
NAME OF DE	CEASED	_		2. DAT	E AND HOUR OF DEATH	
FRANCI.	s) Frank J.			D	ec. 13, 196	6.00 A
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (	Where deceased lived. If i	nstitution: residence before admissi
FULL NAME	OF (If not in hospital	or institution, give	sheet	Maryland	21212	Don Ola Pa
HOSPITAL OF			311001	C. CITY OR TOWN		RURAL and give township!
	110	1 11	~ 1	Baltimore		5.3 -00
Mary	land Genera	1 Hospi	la 1	D. STREET ADDRESS	(If rural, give location)	
41				703 Murd	ock Rd.	
SEX	6. RACE	7. MARRIED, NE		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 F Months Doys Hours Min.
M	N	Marri	OIVORCED (specify)	8/26/91	lost birthdoy)	Months Doys Hours Min.
	CUPATION (Give kind of work			11. BIRTHPLACE (State of		12. CITIZEN OF
	of working life, even if retired)	4.S. G.		Maryland.		WHAT COUNTRY?
FATHER'S NA		4.3.00				U1 - 2-77 .
	The state of the s			14. MOTHER'S MAIDEN		
	s C. Regan			Annie L	. Collins	
es, no or unknow	ed Ever in U. S. Armed For	ces? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		N.X	XXXXXXXXXX	Pauline Reg.	44	same
1B. //	011	K1	CAUSE C	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIE	ECTLY	Myc	CARDIAL	Rulille ,	ONSET AND DEATH
	LEADING TO DEATH			PROJAC 1/		MINS
	not meen the mode of		DUE TO		Al.l	
injury of co	e, osthenio, etc. Il meons amplication which coused	deoth.)	745	OCAMADIAL	INFARCIE	2 70
	ANTECEDENT CAUSES		(B)	************************************		
DISEASES	OR CONDITIONS, if	ony, giving	ANT	glus CUERS T	20 HEART	306
	the obove couse (A)	sloting the	(C)	DUSTAGE	Man.	
UNDERLITE	NG CONDITION lost.			P03 410C		
Z OTUER SIG	II	CALTRIBUTIALC				
TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO THE				
19A. DATE C	R CONDITION CAUSING I	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes o	or Noll 208, IF YES, WERE	FINDINGS CONSIDERED
2	WAS PERI	FORMED		487		SUSES OF DEATH?
21A. ACCID	ENT WAS UNDERLYING	21B, PLA	ACE OF INJURY (e.a., i	in or about 21 C. WHERE DI	D (If in Boldmo	re City, give exact location)
OR CONTRI	BUTING CAUSE OF			ffice bldg., INJURY OCCU		,, ,
ا ا			11184 0 0 0 1	015		
OF INJURY	(Month) (Doy) (Year)		JURY OCCURRED		INJURY OCCUR?	
(APPROX)		While A	At Work			
22. I certif	y that (I) (this hospital	) attended the d	deceased from	Dec. 6	19 66 to D	ec. 13 1966
	e) last saw the decease					inian death accurred an the c
_	nd from the causes stat					deconing on the C
23A, SIGNAT		1	(did fidt) (	THE DUCK CITE CO	11116	238, DATE SIGNED
mi.	2.111	4 11	M.D. Att	ending Med.	Stoll >	12/13/66
200 DUNGE	(michael)	toule	Phy	s. Director	Stoll Phys.	19/3/00
23C. PHYSICI	(Type) W. Michae	1 Gould		23 D. ADDRESS	Canamal Wash	44-7
	". Fileliae	1 Goula	M.D.	Md.	General Hosp	ltal
AA. BURIAL CE	REMATION. 248. DATE		of CEMETERY OF CR		D. LOCATION (C	City, town, or county) (State
Buria		6. St. J.	oseph's Ceme	etery	Texas, M	ld.
A. DATE REC'	D BY HEALTH DEPT.	258. NAME OF R	EGISTRAR	25C. FUNERAL DIREC		ADDRESS
	DEC 1 4 1968					lto. Md. 21214
	AFA T T 190(	1 11,000	9 . Fr D. h.	17	The Da	1100 · 110 · 21214

Maryland General II 247 Minday K. Rel. 11/22/11 17/42/18 Largester Maryland 1156-Arms L Calles Thomas C. Rogan to you party Barba Rapas Sant 24 200 12 2 (1 >aC)

1. NAME OF DEC	LEONARD	J.	TERZANO		Decemb	er 13, 1960	6	9:16 A
FULL NAME OF	(IF NOT IN HOSPIT	'AL OR INSTIT	UNCED DEAD  UTION, GIVE STREET	A, STATE Mar	yland	B. COL	UNTY	ence before odmission)
HOSPITAL OR	ADDRESS OR LOCA	ATION)		Bal	timore	#6	4- 0	give fownship)
V4611 \	/alley View A	venue		D. STREET ADDR		y View Ave	nue	
5. SEX Male	6. RACE White	7. MARRIED, WIDOWED,	, NEVER MARRIED DIVORCED(specify) arried	Dec. 5, 1	1	9. AGE (In years lost birthdoy) 67	If Under 1	Yr. If Under 24 Hrs. Doys Hours Min.
Retired	Tailor		f BUSINESS OR INDUSTRY thing	I	taly	country)	12. CITIZEN WHAT	COUNTRY? USA
13. FATHER'S NAM	John Terz			14. MOTHER'S MA	AIDEN NAME	Carmela I	Perrell	.a
	D EVER IN U.S. ARMED (If yes, give wor or dote		16. SOCIAL SECURITY NO. 220-07-9109	Mrs. Anna	P. Ter	zano	ADDRESS (Sa	ume)
(This does	I SE OR CONDITION DI LEADING TO DEATH not meen the mode of	4	Hypert	ensive and	l Arteri	osclerotic	•	ONSET AND DEATH
DISEASES RISE TO TH	osthenio, etc. If meons mplicotion which coused to the cou	s the disease, death.)  SS  ANY, GIVING TATING THE	Heart	Disease.				
DISEASES OF THE DISEASE OF THE DISEA	osthenio, etc. If meons mplicotion which coused mplicotion which coused to the coused of the coused of the coused of the couse of the coused o	S the disease, death.)  SSANY, GIVING THE  CONTRIBUTION TO GO IT.  NOTION FOR	Heart  (B) DUE TO  (C)	Disease.	? (Yes or No)  2	OB. IF YES, WERE FI	INDINGS CO	N SIDERED TH?
DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE OF 19A. DATE OF UNDERLYING	OSTRETION OPERATION OPERATION WAS PER	S the disease, death.)  SSANY, GIVING THE CONTRIBUTION TO GO IT.  NOTITION FOR REFORMED	Heart  (B) DUE TO  (C)  NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, center).	20A. AUTOPSY	Y (Yes or No) 20	OB. IF YES, WERE FI N CERTIFYING CAU	INDINGS CO	TH?
DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE OF  19A. DATE OF  21A. EXTERNA UNDERLYING	INTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PER L CAUSE WAS	S the disease, death.)  SSANY, GIVING THE  CONTRIBUTION TO GO IT.  NOTION FOR REPORMED  218. hometc.)	Heart  (B) DUE TO  (C)	20A. AUTOPSYT	Y (Yes or No) 20	OB. IF YES, WERE FI N CERTIFYING CAU in Boltimore City, gi	INDINGS CO	TH?
DISEASES RISE TO TH UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE OF UNDERLYING UNDERLYING UNDERLYING OTHER 21A. EXTERNA UNDERLYING OF INJURY (APPROX.)  22.	INTECEDENT CAUSE OR CONDITIONS, IF A BOVE CAUSE (A) SE ABOVE CAUSE (A) SE OF CONDITION LAST.  INTECEDENT CAUSE (A) SE A BOVE CAUSE (A) SE A BOVE CAUSE (A) SE OF CONDITION CAUSING CONDITION CAUSING CONTRIBESE OF CONTRIBESE OF DEATH.  (Month) (Doy) (Yeo Contributed from: Natural	CONTRIBUTION FOR REFORMED  218. homete, or (Hour)  Inquiry	Heart  (B) DUE TO  (C)	20A. AUTOPSYTE IN OF THE PROPERTY OF THE PROPE	Y (Yes or No) 21 INO WHERE DID (If OCCUR?  That an this de Un EDICAL EXA	OB. IF YES, WERE FIN CERTIFYING CAU in Boltimore City, go IY OCCUR?  bosis, deoth in redetermined mann MINER MINER MANNER	INDINGS CO ISES OF DEA give exact loc	DATE SIGNED

